

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
SOUTHERN DIVISION**

CYRUS DESMOND PIERSON,)	
)	
Plaintiff,)	
)	
v.)	Civil Action No. 1:07-cv-451-WKW-WC
)	
JEFF SHELTON of the COFFEE)	
COUNTY SHERIFF’S DEPARTMENT,)	
)	
Defendant.)	

DEFENDANT’S SPECIAL REPORT

COMES NOW the Defendant, Coffee County Deputy Sheriff Glenn Shelton, and submits his Special Report to the Court.

INTRODUCTION

On May 21, 2007, the Plaintiff filed his Complaint with this Court, naming “Jeff Shelton of the Coffee County Sheriff’s Department” as the sole Defendant (Doc. 1.) On May 29, 2007, the Court ordered the Defendant to file a Special Report. (Doc. 4.) On July 11, 2007, Deputy Shelton moved the Court to extend time to file a Special Report. (Doc. 5.) The Court granted Deputy Shelton’s motion on July 12, 2007. (Doc. 6.)

PLAINTIFF’S ALLEGATIONS

In his Complaint, the Plaintiff appears to allege a single Fourteenth Amendment excessive force claim against Deputy Shelton in his official capacity. He seeks both money damages and equitable relief (in the form of employment termination and an “investigation” of the Coffee County Sheriff’s Department). The only capacity indication in the Complaint comes from the caption in which the Plaintiff names “Jeff Shelton of the Coffee County Sheriff’s

Department”. In light of the Plaintiff’s pleading, this Special Report will address only a Fourteenth Amendment excessive force claim against Deputy Shelton in his Official Capacity.¹

DEFENDANT’S RESPONSE TO PLAINTIFF’S ALLEGATIONS

The Defendant denies the allegations made against him by the Plaintiff as being untrue and completely without basis in law or fact. The Defendant denies that he acted, or caused anyone to act, in such a manner as to deprive the Plaintiff of any right to which he was entitled. The Defendant raises the defenses of Eleventh Amendment immunity, inapplicability of 42 U.S.C. § 1983 to official capacity claims, and additional defenses presented below. The Defendant reserves the right to add additional defenses if any further pleading is required or allowed by the Court.

I. FACTS

The Plaintiff has a lengthy criminal history that includes no less than eleven arrests in the last 43 months that led to period of incarceration in the Coffee County Jail. (Exhibit A, Plaintiff Cyrus Pierson’s Inmate File, “Inmate file”, records for arrest dated 12/24/2004 (possession of a controlled substance); Exhibit B, Inmate file, records for arrest dated 1/9/2005 (theft of services); Exhibit C, Inmate file, records for arrest dated 2/19/2005 (third degree burglary); Exhibit D, Inmate file, records for arrest dated 4/13/2005 (third degree theft of property and resisting arrest); Exhibit E, Inmate file, records for arrest dated 6/27/2005 (failure to appear); Exhibit F, Inmate file, records for arrest dated 11/25/2005 (disorderly conduct); Exhibit G, Inmate file, records for arrest dated 11/30/2005 (distribution of a controlled substance); Exhibit H, Inmate file, records for arrest dated 12/20/2005 (contempt); Exhibit I, Inmate file, records for arrest dated 7/6/2006 (failure to appear); Exhibit J, Inmate file, records for arrest dated 8/2/2006 (second degree receipt of stolen property); Exhibit K, Inmate file, records for arrest dated

¹ Deputy Shelton reserves the right to amend this Special Report to include additional defenses that may be made available to him as a result of any subsequent pleadings or court orders interpreting the Plaintiff’s pleadings.

4/13/2005 (sureties filed to come off of the Plaintiff's bond)). While the Plaintiff has been incarcerated in the Coffee County Jail, he has continued his criminal enterprises. The Plaintiff has been involved in no less than three fights with other inmates. (Exhibit L, Inmate file, Incident Report dated 1/5/2006; Exhibit M, Inmate file, Incident Report dated 3/20/2006; Exhibit N, Plaintiff Cyrus Pierson's Inmate Medical Records, "Medical recs.", Patient Record dated 11/14/2006.) The Plaintiff has attempted to steal the jail booking camera. (Exhibit O, Inmate file, Incident Report dated 1/9/2005.) Just last month, the Plaintiff was arrested on one misdemeanor and one felony count of promotion of prison contraband. (Exhibit P, Inmate file, records for arrest dated 6/19/2007; Exhibit Q, Inmate file, records for arrest dated 6/20/2007.)

Perhaps not coincidentally, in light of the Plaintiff's most recent charges, the incident complained of by the Plaintiff before this Court involves a search for prison contraband that occurred at the Coffee County Jail on April 20, 2007. (Doc. 1 at p. 2; Exhibit R, Affidavit of Jeffrey Shelton, "Shelton aff.", at ¶ 4; Exhibit S, Affidavit of Jason Ballard, "Ballard aff.", at ¶ 4.) The search was precipitated by an intercepted attempt by inmates to pass marijuana from one cell block to another by sliding a book under the door. (Shelton aff. at ¶ 4.) One of the inmates believed to have been involved in the failed attempt was the Plaintiff. Id.

The search that was conducted on April 20, 2007, involved ten to twelve law enforcement officers from a variety of agencies. (Shelton aff. at ¶ 5; Ballard aff. at ¶¶ 2, 4, 5.) The Plaintiff was in Cell Block 2, the cell block that was the target of the search. (Shelton aff. at ¶¶ 4, 7.) Just two months previously, in February 2007, Deputy Shelton personally participated in a search of Cell Block 2 that resulted in the discovery of a shank. Id. at ¶ 8. (Shelton aff. at ¶ 11; Ballard aff. at ¶ 7.) The search was conducted by removing the inmates from their cells and taking Deputy Jason Ballard's drug dog through each cell. If the dog alerted on the cell, a thorough search was done by the officers. Id.

During the search, the Plaintiff constantly attempted to agitate the other inmates in the cell block. The Plaintiff shouted profanities and encouraged the other inmates to do likewise. The Plaintiff's efforts were interfering with the search. (Shelton aff. at ¶ 12.) The Plaintiff was warned numerous times to cease being disruptive. Id. at ¶ 13.

Finally, Deputy Shelton went to deal with the Plaintiff. Deputy Shelton attempted to get the Plaintiff to stop, but his efforts were rewarded only by additional profanity from the Plaintiff. (Shelton aff. at ¶¶ 16-23.) After being asked for the third time by Deputy Shelton to stop, the Plaintiff attempted to turn away from Deputy Shelton. Id. at ¶ 23. When Deputy Shelton attempted to touch the Plaintiff on the sleeve to get his attention, the Plaintiff snatched his hand away. Id. at ¶¶ 24-25. Not knowing what the Plaintiff was going to do, Deputy Shelton grabbed him by the shirt sleeve in order to maintain control of him. Id. at ¶ 25. Deputy Shelton told the Plaintiff that he meant what he said. Id. at ¶ 27. When the Plaintiff responded "yes, sir", Deputy Shelton released the Plaintiff and allowed him to return to his cell. Id. at ¶¶ 27-28.

Deputy Shelton did not have any further interaction with the Plaintiff that night. (Shelton aff. at ¶ 32.) Deputy Shelton never used profanity towards the Plaintiff. Id. at ¶ 30. Deputy Shelton never choked the Plaintiff. Id. at ¶ 31. The Plaintiff never complained of an injury or requested medical treatment for any alleged injury related to the April 20, 2007 search. Id. at ¶ 32; Exhibit T, Affidavit of Richard Moss, "Moss aff." at ¶ 8; Exhibit U, Remainder of Plaintiff's Inmate Medical File not otherwise attached as a separate exhibit.)

The Coffee County Jail has an inmate grievance procedure. When an inmate has a grievance, he may request a form, complete it, and return it to any jailer. Jailers are instructed to attempt to deal with the grievance, but if they are unable to do so, they forward it to the Jail Administrator, Richard Moss. If the Jail Administrator cannot resolve the grievance, it is turned

over to a grievance committee. Copies of grievances are kept in the inmate's file. (Moss aff. at ¶¶ 4-6.)

The Plaintiff has only filed one grievance during his incarceration. That grievance related to an incident that occurred on April 19, 2007 – the day before the incident giving rise to the Plaintiff's Complaint. The Plaintiff's grievance had nothing to do with the allegations in his Complaint. (Exhibit V, Inmate file, Grievance Form, dated 4/19/2007.) At no time has the Plaintiff ever filed a grievance related to the allegations in his Complaint. (Moss aff. at ¶ 7; Exhibit W, Remainder of Plaintiff's Inmate File not otherwise attached as a separate exhibit.)

II. LAW

A. **The Plaintiff's claims are barred because he has failed to comply with the provisions mandated by 42 U.S.C. § 1997e(a) of the Prison Litigation Reform Act ("PLRA").**

1. **The Plaintiff has failed to exhaust all available administrative remedies.**

The Court's adherence to mandates of the PLRA is essential to ensure that the "flood" of frivolous claims for constitutional violations does not burden and hinder the Court's consideration of legitimate claims presented by pro se litigants. See Harris v. Garner, 216 F.3d 970, 972 (11th Cir. 2000) ("In an effort to stem the flood of prisoner lawsuits in federal court, Congress enacted the Prison Litigation Reform Act of 1995, Pub. L. No. 104-134, 110 Stat. 1321 (1996) ('PLRA')."). As the Supreme Court recently recognized in Jones v. Bock:

Prisoner litigation continues to "account for an outsized share of filings" in federal district courts. Woodford v. Ngo, 548 U.S. ----, ----, n. 4, 126 S. Ct. 2378 (2006) (slip op., at 12, n. 4). In 2005, nearly 10 percent of all civil cases filed in federal courts nationwide were prisoner complaints challenging prison conditions or claiming civil rights violations. [footnote omitted] Most of these cases have no merit; many are frivolous. Our legal system, however, remains committed to guaranteeing that prisoner claims of illegal conduct by their custodians are fairly handled according to law. The challenge lies in ensuring that the flood of nonmeritorious claims does not submerge and effectively preclude consideration of the allegations with merit. See Neitzke v. Williams, 490 U.S. 319, 327 [] (1989).

Congress addressed that challenge in the PLRA. What this country needs, Congress decided, is fewer and better prisoner suits. See Porter v. Nussle, 534 U.S. 516, 524, [] (2002) (PLRA intended to “reduce the quantity and improve the quality of prisoner suits”). To that end, Congress enacted a variety of reforms designed to filter out the bad claims and facilitate consideration of the good. Key among these was the requirement that inmates complaining about prison conditions exhaust prison grievance remedies before initiating a lawsuit.

127 S. Ct. at 914 (emphasis added). Uniform adherence to all the provisions of the PLRA, especially the grievance exhaustion requirement, is mandatory for inmate litigants and the Courts to ensure that the federal judicial system can effectively “separate the wheat from the chaff” with regard to claims asserted by inmate litigants.

The first section of the PLRA provides:

No action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted.

42 U.S.C. § 1997e(a) (emphasis added). Under this provision of the PLRA, an inmate is required to exhaust all administrative remedies before instituting an action under 42 U.S.C. § 1983, and the Court is precluded from granting relief to any plaintiff who has not exhausted all his administrative remedies. In Woodford v. Ngo, ___ U.S. ___, 126 S. Ct. 2378, 2382 (2006), the Supreme Court held, “Exhaustion is no longer left to the discretion of the district court, but is mandatory.” See also Booth v. Churner, 532 U.S. 731, 739 (2001) (“Prisoners must now exhaust all ‘available’ remedies, not just those that meet federal standards.”). However, as the Supreme Court recognized in Jones v. Bock, each prison sets its own parameters for what constitutes compliance with its grievance policy:

In Woodford, we held that to properly exhaust administrative remedies prisoners must “complete the administrative review process in accordance with the applicable procedural rules,” 548 U.S., at ___, 126 S. Ct. 2378 [] -- rules that are defined not by the PLRA, but by the prison grievance process itself. The level of detail necessary in a grievance to comply with the grievance procedures will

vary from system to system and claim to claim, but it is the prison's requirements, and not the PLRA, that define the boundaries of proper exhaustion.

127 S. Ct. at 922-23.

Here, the Plaintiff has not filed a grievance related to the incident made the basis of his Complaint, as is required by the Coffee County Jail grievance policy. Therefore, he cannot be deemed to have exhausted all available administrative remedies provided by the Coffee County Jail grievance policy. Therefore, his claims must be dismissed. 42 U.S.C. § 1997e(a).

2. Plaintiff's claims are barred by the PLRA because he has not suffered any physical injury as a result of the allegations in his Complaint.

"No Federal civil action may be brought by a prisoner confined in a jail, prison, or other correctional facility, for mental or emotional injury suffered while in custody without a prior showing of physical injury In order to avoid dismissal under § 1997e(e), a prisoner's claims for emotional or mental injury must be accompanied by allegations of physical injuries that are greater than de minimis." Mitchell v. Brown & Williamson Tobacco Corp., 294 F.3d 1309 (11th Cir. 2002). Because the Plaintiff has not made a showing of physical injury at all, much less a showing of a physical injury that is greater than de minimis, his Complaint is due to be dismissed.

B. All claims by the Plaintiff against the Defendant must fail based on Eleventh Amendment immunity and because in his official capacity, Deputy Shelton is not a "person" under 42 U.S.C. § 1983.

As noted previously, on the face of his Complaint, the Plaintiff has only sued Deputy Shelton in his official capacity. (Doc. 1 at p. 1.) The Plaintiff's claims against the Defendant is therefore due to be dismissed for lack of subject matter jurisdiction; as such claims are barred by the Eleventh Amendment to the United States Constitution. Parker v. Williams, 862 F.2d 1471, 1476 (11th Cir. 1989) (holding a sheriff sued in his official capacity is entitled to Eleventh Amendment immunity); Free v. Granger, 887 F.2d 1552, 1557 (11th Cir. 1989) (holding that a

sheriff sued in his official capacity is entitled to Eleventh Amendment immunity); Carr v. City of Florence, 918 F.2d 1521, 1525 (11th Cir. 1990) (holding a deputy sheriff sued in his official capacity is entitled to Eleventh Amendment immunity); Lancaster v. Monroe County, 116 F.3d 1419, 1430-31 (11th Cir. 1997) (extending Eleventh Amendment immunity to include jailers employed by county sheriffs).

In addition, the official capacities claims must fail because 42 U.S.C. § 1983 prohibits a *person*, acting under color of law, from depriving another of his rights secured by the United States Constitution. 42 U.S.C. § 1983 (emphasis added). The United States Supreme Court has held that state officials, in their official capacities, are not “persons” under § 1983. Will v. Michigan Dep’t of State Police, 491 U.S. 58, 71 (1989). Any official capacity claims against the Defendant should therefore be dismissed because his not a “person” under § 1983. Id.; Carr, 916 F.2d at 1525 n.3.

C. Summary Judgment Standard

On a motion for summary judgment, the court should view the evidence in the light most favorable to the nonmovant. Greason v. Kemp, 891 F.2d 829, 831 (11th Cir. 1990). However, a plaintiff “must do more than show that there is some metaphysical doubt as to the material facts.” Matsushita Elec. Indus. Co. v. Zenith Radio Corp., 475 U.S. 574, 586 (1986). Only reasonable inferences with a foundation in the record inure to the nonmovant’s benefit. See Reeves v. Sanderson Plumbing Products, Inc., 530 U.S. 133 (2000). “[T]he court should give credence to the evidence favoring the nonmovant as well as that ‘evidence supporting the moving party that is uncontradicted or unimpeached, at least to the extent that that evidence comes from disinterested witnesses.’” Reeves, 530 U.S. at 151, quoting 9A C. Wright & A.

Miller, Federal Practice and Procedure § 2529, p. 299.² “A reviewing court need not ‘swallow plaintiff’s invective hook, line and sinker; bald assertions, unsupportable conclusions, periphrastic circumlocutions, and the like need not be credited.’” Marsh v. Butler County, 268 F.3d 1014, 1036 n.16 (11th Cir. 2001) (en banc) quoting Massachusetts School of Law v. American Bar, 142 F.3d 26, 40 (1st Cir. 1998).

CONCLUSION

This Defendant denies each and every allegation made by Plaintiff Cyrus Pierson in his Complaint. Deputy Shelton has not acted in a manner so as to deprive Plaintiff of any right to which he is entitled.

MOTION FOR SUMMARY JUDGMENT

This Defendant respectfully requests that this Honorable Court treat his Special Report as a Motion for Summary Judgment, and grant unto him the same.

Respectfully submitted this 19th day of July, 2007.

s/Gary L. Willford, Jr.
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² Although Reeves was a review of a motion for judgment as a matter of law after the underlying matter had been tried, the Supreme Court in determining the proper standard of review relied heavily on the standard for summary judgment stating, “the standard for granting summary judgment ‘mirrors’ the standard for judgment as a matter of law, such that ‘the inquiry under each is the same.’” Reeves, 530 U.S. at 150, citing Anderson v. Liberty Lobby, Inc., 477 U.S. 242, 250-251 (1986); Celotex Corp. v. Catrett, 477 U.S. 317, 323 (1986).

CERTIFICATE OF SERVICE

I hereby certify that on this the 19th day of July, 2007, I have electronically filed the foregoing with the Clerk of the Court using the CM/ECF system, and that I have mailed a true and correct copy of the foregoing by United States Mail, postage prepaid, to the following non-CM/ECF participant:

Cyrus Desmond Pierson
4 County Complex
Coffee County Jail
New Brockton, Alabama 36351

s/Gary L. Willford, Jr.
OF COUNSEL

EXHIBIT A

**Inmate file, records for arrest dated 12/24/2004
(possession of a controlled substance)**

ENTERPRISE POLICE DEPARTMENT
TRANSPORT SHEET (Coffee County Jail)

DATE 12/24, 2004 TIME 2224 AM/PM (m)

STATUS _____ STATE _____ FEDERAL _____
 CITY _____ COUNTY Enterprise
 (List Division if Coffee)

NAME Pierson Cyrus D
 LAST FIRST MIDDLE

ADDRESS 707 W. Adams CITY Enterprise, AL ZIP 36330

POB Enterprise, AL SSN 422-23-0259 LICENSE NA

AGE 18 SEX M RACE B WEIGHT 165 HEIGHT 5'09"

HAIR BLK EYES BRO. DOB 9-16-86

ARRESTED? YES X NO _____ ARRESTING AGENCY EPD

TYPE OF ARREST WARRANT _____ CALL _____ ON-VIEW X

ARRESTING OFFICER Bowers LOCATION 203 Short St., Enterprise, AL

OFFENSE(S) Poss. of Controlled Sub. MISDEMEANOR _____ FELONY X
 _____ MISDEMEANOR _____ FELONY _____
 _____ MISDEMEANOR _____ FELONY _____

TRANSFERRED FROM EPD HOLD FOR (agency) NA

RELEASE INFORMATION See Judge or Magistrate

SENTENCING INFORMATION NA

COMMENTS none

COMPLETED BY Bowers BOOKED BY Bowers
 SEARCHED yes PHOTO no
 FINGERPRINTS no GREEN CARD no

COFFEE COUNTY JAIL

Ben Montes, Sheriff

Zack Ennis, Administrator



INMATE ISSUE LIST

 Name of Inmate: Rogers, Gary
 Receiving Officer: Holmes
Date: 12-25-2009

ITEMS ISSUED

Item	Amount	Comments
Mattress	1	
Blanket	0	
Sheet	0	
Towel	1	
Washcloth	1	
Laundry Bag	1	
Uniform	2	
Shower Shoes	1	
Soap	0	
Deodorant	0	
Toothpaste	0	
Toothbrush	0	
Toilet Paper	0	

ITEMS RETURNED

Item	Amount	Comments
Mattress		
Blanket		
Sheet		
Towel		
Washcloth		
Laundry Bag		
Uniform		
Shower Shoes		

Release Date: _____

Releasing Officer: _____

COFFEE COUNTY JAIL
Ben Moates, Sheriff
Zack Ennis, Administrator



INMATE PROPERTY LIST

Name of Inmate: Pearson, Cyrus

Date: 12-25-2004

Receiving Officer: E. Holland

I certify that this is a correct list of items removed from my possession at the time of my incarceration.

Signature of Inmate: Cyrus Pearson

Item	Description
1	Blue shirt
1	yellow shirt
1	Black sweat pants
1	Black sweat T-shirt

I received all of the above listed property (minus any previously released property as indicated on any property release form) on this, the 25th day of Dec. 2004 at 1045 hrs.

Signature of Inmate: Cyrus Pearson Releasing Officer: Ruf

COFFEE COUNTY JAIL
Ben Moates, Sheriff
Zack Ennis, Administrator



INMATE MEDICAL SCREENING SHEET

Page # 1

Name of Inmate: Pierson, CyrusDate: 12-25-2004Receiving Officer: C. Holland

Do you, or have you ever had any of the following?

	Yes	No	If yes, give explanation if needed
Allergies			
Arthritis			
Asthma			
Diabetes			
Epilepsy	X		Plantar
Fainting Spells			
Heart Condition			
Hepatitis			
High B/P			
Psychiatric Disorder			
Seizures			
Tuberculosis			
Ulcers			
Venereal Disease			
OTHER			

COFFEE COUNTY JAIL
Ben Moates, Sheriff
Zack Ennis, Administrator



INMATE MEDICAL SCREENING SHEET

Page # 2

Name of Inmate: Pierson, Gary

Date: 12-25-2004

Receiving Officer: R. Hall

Answer the following questions Y (Yes) or N (No):

Have you recently been hospitalized or treated by a doctor? Y (602004)

Are you currently taking any medications prescribed by a doctor? Y

Are you allergic to any medications? N

Do you have any handicaps or conditions that limit activity? N

Have you ever attempted suicide, or are you thinking about it at this time? N

Do you regularly use alcohol? N

Do you regularly use street drugs? Y

Do you have a diet prescribed by a doctor? N

Do you have any problems with your teeth? N

Do you have medical insurance? Y If yes, with whom? Medicaid

Do you have a personal doctor? Y If yes, who is it? _____

If you are female, are you Pregnant? N

If you are female, do you take birth control pills? N

If you are female, have you recently delivered? N

In case of an emergency, who do you want us to contact?

Name: Wanda Pierson Relationship: Mother

Address: 707 W. Adams

Phone Number of Emergency Contact: (348-9183)

Comments: _____

If any other explanations are needed, please continue on back of this page>>>

I, _____ authorize the Jail Staff access to my medical information.

[Signature]
Signature

Date

EXHIBIT B

Inmate file, records for arrest dated 1/9/2005 (theft of services)

**ENTERPRISE POLICE DEPARTMENT
TRANSPORT SHEET (Coffee County Jail)**

DATE: 7/9, 2005 TIME: 1347 AM/PM

STATUS _____ STATE _____ FEDERAL _____
CITY Enterprise COUNTY _____
(List Division if Coffee)

NAME: Pearson Cyrus D
LAST FIRST MIDDLE

ADDRESS: 707 West Adams St. CITY Enterprise, AL ZIP CODE 36330POB: Enterprise, AL SSN: 482-23-089 LICENSE NoneAGE: 18 SEX: M RACE B WEIGHT 165 HEIGHT 5'09"HAIR: B/K EYES: BRN DOB: 09/16/1986ARRESTED? YES: X NO: _____ ARRESTING AGENCY: EPDTYPE OF ARREST: _____ WARRANT: _____ CALL: X ON-VIEW: _____ARRESTING OFFICER: Bowers LOCATION: Hibbett Sport. Goods

OFFENSE(S): Theft of Property 3rd MISDEMEANOR X FELONY _____
Services MISDEMEANOR _____ FELONY _____
MISDEMEANOR _____ FELONY _____

TRANSFERRED FROM: EPD HOLD FOR (agency): NARELEASE INFORMATION: Contact MagistrateSENTENCING INFORMATION: NACOMMENTS: NACOMPLETED BY: Bowers BOOKED BY: Bowers

SEARCHED: yes PHOTO no
FINGERPRINTS: no GREEN CARD no

COPY

COFFEE COUNTY JAIL
Ben Montes, Sheriff
Zack Ennis, Administrator



INMATE ISSUE LIST

Name of Inmate: Pierson Cyrus D.
Receiving Officer: J. Cramer

Date: 1-9-05

ITEMS ISSUED

Item	Amount	Comments
Mattress	1	
Blanket	1	
Sheet	2	
Towel	1	
Washcloth	1	
Laundry Bag	1	
Uniform	2	
Shower Shoes	1	
Soap	/	
Deodorant		
Toothpaste		
Toothbrush		
Toilet Paper		

ITEMS RETURNED

Item	Amount	Comments
Mattress		
Blanket		
Sheet		
Towel		
Washcloth		
Laundry Bag		
Uniform		
Shower Shoes		

Release Date: _____

Releasing Officer: _____

COFFEE COUNTY JAIL

Ben Moates, Sheriff

Zack Ennis, Administrator



INMATE RULES AND REGULATIONS

page 1

Name of Inmate: Pierson Cyrus D.Date: 1-9-05Receiving Officer: [Signature]

1. Upon entering the Coffee County Jail, each inmate will surrender all his/her personal items, including shoes and jewelry, with the exception of a wedding band and a watch.
2. There will be no tobacco products, matches or cigarette lighters allowed. These will be considered contraband and violators will be prosecuted.
3. No hats, caps, doo rags or any other kind of head covering will be allowed.
4. All money will be put on the books, **no exceptions.**
5. The jail will accept money and other allowable items for inmates on Wednesday from 8 am until 5pm, and on Sundays from 1 pm until 5 pm.
6. Visitation for Cellblocks 1, 2,4 and female inmates will be on Sunday from 1 pm until 4 pm. Adults and children are to be allowed to visit, and money and other allowable items will be received for these inmates at this time by jail staff. Visitation for CB 3 inmates is on Saturday from 2 pm until 2:45 pm. Adults and children are to be allowed to visit, and money and other allowable items will be received for these inmates at this time by jail staff. Visitation for Trustees is on Saturday from 1 pm until 2 pm, adults and children are allowed to visit at this time, and property and money will be received by jail staff for trustees at this time. **All visitors must show picture I.D., no exceptions.**
7. Inmates are allowed to have six (6) sets of underclothes and six pair of socks. They are allowed to have two pair of thermal underwear. All items must be white in color and have the inmate's name in them. No under wire bras are allowed.
8. Inmates are allowed to have a Bible.
9. Inmates are allowed pencils only, **no ink pens!!**
10. Radios with earphones may be purchased from the jail store. No tape players or recording devices of any kind are allowed.

COFFEE COUNTY JAIL
Ben Moates, Sheriff
Zack Ennis, Administrator



INMATE RULES AND REGULATIONS

page 2

11. Inmates have thirty (30) days from entry to have personal clothes picked up, with the exception of one shirt, one pair of pants and one pair of shoes. Items may be disposed of at the jail's discretion after the thirty days.
12. Inmates going to court will be required to wear jail clothes. If an inmate goes to jury trial, he/she may wear personal clothing.
13. Any inmate found guilty of deliberately damaging County Jail property, will be prosecuted.
14. Inmates will be required to keep their living area clean and orderly, and are required to be fully dressed when not in the sleeping area.
15. Inmates will be charged a fee of ten dollars (\$10.00) for each medical trip they require, and a fee of five dollars (\$5.00) for each prescription issued. This money will come out of the inmate's Commissary Account, short of complete depletion of the account.
16. Inmates using excessive vulgar language may lose privileges.
17. Inmates' custody status will be determined by the Sheriff and/or the Jail Administrator.
18. Inmate grievance forms are available upon request to all inmates.
19. Any inmate who assaults or attempts to assault jail personnel, other inmates or any other persons, shall be prosecuted.
20. Medical Treatment Request Slips will be available upon request from a C/O and forwarded to the Jail Administrator, who will make the necessary and appropriate appointments.

Additional Rules and Regulations may be posted and must be followed !!!

Inmate Signature: X Cyrus Pearson

COFFEE COUNTY JAIL

Ben Moates, Sheriff

Zack Ennis, Administrator



INMATE PROPERTY LIST

Name of Inmate: Pierson CyrusDate: 1-9-05Receiving Officer: J. Cramer

I certify that this is a correct list of items removed from my possession at the time of my incarceration.

Signature of Inmate: X Cyrus Pierson

Item	Description
1 Shirt	Gray/Blue T-Shirt
1 pr pants	Bl. Denim
1 Belt	Brown leather
1 pr shoes	Blk Tennis Shoes

I received all of the above listed property (minus any previously released property as indicated on any property release form) on this, the 10 day of Feb, 2005, at 1145 hrs.

Signature of Inmate: X Cyrus Pierson Releasing Officer: D. Coker

COFFEE COUNTY JAIL
Ben Moates, Sheriff
Zack Ennis, Administrator



INMATE MEDICAL SCREENING SHEET

Page # 1

Name of Inmate: Pierson Cyrus D.Date: 1-9-05Receiving Officer: [Signature]

Do you, or have you ever had any of the following?

	Yes	No	If yes, give explanation if needed
Allergies		/	
Arthritis		/	
Asthma		/	
Diabetes		/	
Epilepsy		/	
Fainting Spells		/	
Heart Condition		/	
Hepatitis		/	
High B/P		/	
Psychiatric Disorder		/	
Seizures	/	X	Epileptic
Tuberculosis		/	
Ulcers		/	
Venereal Disease		/	
OTHER		/	

COFFEE COUNTY JAIL
Ben Moates, Sheriff
Zack Ennis, Administrator



INMATE MEDICAL SCREENING SHEET

Page # 2

Name of Inmate: Pierson Cyrus D.Date: 1-9-05Receiving Officer: B. Cramer

Answer the following questions Y (Yes) or N (No):

Have you recently been hospitalized or treated by a doctor? NAre you currently taking any medications prescribed by a doctor? NAre you allergic to any medications? NDo you have any handicaps or conditions that limit activity? NHave you ever attempted suicide, or are you thinking about it at this time? NDo you regularly use alcohol? NDo you regularly use street drugs? NDo you have a diet prescribed by a doctor? NDo you have any problems with your teeth? NDo you have medical insurance? N If yes, with whom? _____Do you have a personal doctor? N If yes, who is it? _____

If you are female, are you Pregnant? _____

If you are female, do you take birth control pills? _____

If you are female, have you recently delivered? _____

In case of an emergency, who do you want us to contact?

Name: Wanda Pierson Relationship Mother

Address: _____

Phone Number of Emergency Contact: 348-9183

Comments: _____

If any other explanations are needed, please continue on back of this page>>>

I, Cyrus D. Pierson authorize the Jail Staff access to my medical information.X Cyrus Pierson
Signature1-9-05
Date

STATE USAGE

NFF SECOND

SUBMISSION

APPROXIMATE CLASS

AMPUTATION

SCAR

STATE USAGE

LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX

SIGNATURE OF PERSON FINGERPRINTED

SOCIAL SECURITY NO.

LEAVE BLANK

ALIASES/MAIDEN

LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX

FBI NO.

STATE IDENTIFICATION NO.

DATE OF BIRTH MM DD YY

SEX

RACE

HEIGHT

WEIGHT

EYES

HAIR

9-16-86

M

B

509

165

Bro

Blk

1. R. THUMB

2. R. INDEX

3. R. MIDDLE

4. R. RING

5. R. LITTLE

6. L. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

CRIMINAL JUSTICE INFORMATION SERVICES DIVISION, FBI, 20306
PRIVACY ACT OF 1974 (F.L. 92-579) REQUIRES THAT FEDERAL, STATE, OR LOCAL AGENCIES INFORM INDIVIDUALS WHOSE SOCIAL SECURITY NUMBER IS REQUESTED WHETHER SUCH DISCLOSURE IS MANDATORY OR VOLUNTARY, BASIS OF AUTHORITY FOR SUCH SOLICITATION, AND USES WHICH WILL BE MADE OF IT.

JUVENILE FINGERPRINT		DATE OF ARREST MM DD YY 1-9-05	ORI AL0190000 CONTRIBUTOR SO ADDRESS NEW BROCKTON, AL REPLY YES <input type="checkbox"/> DESIRED?	
SUBMISSION YES <input type="checkbox"/>				
TREAT AS ADULT YES <input type="checkbox"/>				
SEND COPY TO (ENTER ORI)		DATE OF OFFENSE MM DD YY 1-9-05	PLACE OF BIRTH (STATE OR COUNTRY) Alabama	COUNTRY OF CITIZENSHIP U.S.
MISCELLANEOUS NUMBERS		SCARS, MARKS, TATTOOS, AND AMPUTATIONS		
		RESIDENCE/COMPLETE ADDRESS 707 West Adams St.		CITY Enterprise
		STATE AL		
OFFICIAL TAKING FINGERPRINTS (NAME OR NUMBER)		LOCAL IDENTIFICATION/REFERENCE		PHOTO AVAILABLE? YES <input checked="" type="checkbox"/> PALM PRINTS TAKEN? YES <input checked="" type="checkbox"/>
EMPLOYER IF U.S. GOVERNMENT, INDICATE SPECIFIC AGENCY IF MILITARY, LIST BRANCH OF SERVICE AND SERIAL NO			OCCUPATION	
CHARGE/CITATION 1. Theft of property III			DISPOSITION 1.	
2.			2.	
3.			3.	
ADDITIONAL			ADDITIONAL	
ADDITIONAL INFORMATION/BASIS FOR CAUTION			STATE BUREAU STAMP	

EXHIBIT C

Inmate file, records for arrest dated 2/19/2005 (third degree burglary)

ENTERPRISE POLICE DEPARTMENT
TRANSPORT SHEET (Coffee County Jail)

DATE: 02/19, 19 2005TIME: 00/14 AM/PM

STATUS

STATE

CITY

FEDERAL

COUNTY

(List Division if Coffee)

NAME:

PerisonCyrusDesmond

LAST

FIRST

MIDDLE

ADDRESS:

707 W Adams Street

CITY

Enterprise

ZIP CODE

36530

POB:

SSN:

422-23-0254

LICENSE

AGE:

18

SEX:

M

RACE

B

WEIGHT

160

HEIGHT

5'9"

HAIR:

B/K

EYES:

Bro

DOB:

09-16-86

ARRESTED? YES:

X

NO:

ARRESTING AGENCY:

Enterprise P.D.

TYPE OF ARREST:

WARRANT:

CALL:

ON-VIEW:

ARRESTING OFFICER:

Maria Taylor

LOCATION:

700 Block Adams Street

OFFENSE(S):

Burglary 3rd

MISDEMEANOR

FELONY

MISDEMEANOR

FELONY

MISDEMEANOR

FELONY

TRANSFERRED FROM:

Enterprise P.D.

HOLD FOR (agency):

RELEASE INFORMATION:

Must see Judge Shortingto get bond set.

SENTENCING INFORMATION:

COMMENTS:

COMPLETED BY:

[Signature]

BOOKED BY:

SEARCHED:

PHOTO

FINGERPRINTS:

GREEN CARD

COFFEE COUNTY JAIL
Ben Moates, Sheriff
Zack Ennis, Administrator



INMATE PROPERTY LIST

Name of Inmate: Cyrus TiersonDate: 7-19-2005Receiving Officer: S. Lopez

I certify that this is a correct list of items removed from my possession at the time of my incarceration.

Signature of Inmate: X Cyrus Tierson

Item	Description
one	Pants - Beige in color
one	Shirt - Plaid in color
one	Belt - Brown in color
one pair	Sneakers - White in color
one	Coat - Blue in color
	//

I received all of the above listed property (minus any previously released property as indicated on any property release form) on this, the 23RD day of March, 2005, at 1330 hrs.

Signature of Inmate: X Cyrus Tierson Releasing Officer: Ruth

COFFEE COUNTY JAIL

Ben Moates, Sheriff
Zack Ennis, Administrator

INMATE ISSUE LIST

Name of Inmate: Cyrus P. [Signature]Receiving Officer: [Signature]Date: 2-19-2005

ITEMS ISSUED

Item	Amount	Comments
Mattress	1	
Blanket	1	
Sheet	1	
Towel	1	
Washcloth	1	
Laundry Bag	1	
Uniform	1	
Shower Shoes	1	
Soap	1	
Deodorant	1	
Toothpaste	1	
Toothbrush	1	
Toilet Paper	1	

ITEMS RETURNED

Item	Amount	Comments
Mattress		
Blanket		
Sheet		
Towel		
Washcloth		
Laundry Bag		
Uniform		
Shower Shoes		

Release Date: _____

Releasing Officer: _____

COFFEE COUNTY JAIL
Ben Moates, Sheriff
Zack Ennis, Administrator



INMATE MEDICAL SCREENING SHEET

Page # 1

Name of Inmate:

Cyrus Person

Date:

2-19-05

Receiving Officer:

S. [Signature]

Do you, or have you ever had any of the following?

	Yes	No	If yes, give explanation if needed
Allergies		X	
Arthritis		X	
Asthma		X	
Diabetes		X	
Epilepsy		X	
Fainting Spells		X	
Heart Condition		X	
Hepatitis		X	
High B/P		X	
Psychiatric Disorder		X	
Seizures	X		Epilepsy
Tuberculosis		X	
Ulcers		X	
Venereal Disease		X	
OTHER		X	

COFFEE COUNTY JAIL
Ben Moates, Sheriff
Zack Ennis, Administrator



INMATE MEDICAL SCREENING SHEET

Page # 2

Name of Inmate: Cyrus Pierson

Date: 7-19-2005

Receiving Officer: [Signature]

Answer the following questions Y (Yes) or N (No):

- Have you recently been hospitalized or treated by a doctor? NO
Are you currently taking any medications prescribed by a doctor? NO
Are you allergic to any medications? NO
Do you have any handicaps or conditions that limit activity? NO
Have you ever attempted suicide, or are you thinking about it at this time? NO
Do you regularly use alcohol? NO
Do you regularly use street drugs? NO
Do you have a diet prescribed by a doctor? NO
Do you have any problems with your teeth? NO
Do you have medical insurance? NO If yes, with whom? _____
Do you have a personal doctor? NO If yes, who is it? _____
If you are female, are you Pregnant? _____
If you are female, do you take birth control pills? NO
If you are female, have you recently delivered? _____

In case of an emergency, who do you want us to contact?

Name: Wanda Pierson Relationship: Mother

Address: _____

Phone Number of Emergency Contact: 348-9183

Comments: _____

If any other explanations are needed, please continue on back of this page>>>

I, Cyrus Pierson authorize the Jail Staff access to my medical information.

Cyrus Pierson 7-19-2005
Signature Date

EXHIBIT D

**Inmate file, records for arrest dated 4/13/2005
(third degree theft of property and resisting arrest)**

ENTERPRISE POLICE DEPARTMENT
TRANSPORT SHEET (Coffee County Jail)

DATE 4-13-05, 2004 TIME 2015 AM/PM (PM)

STATUS _____ STATE _____ FEDERAL _____
 CITY 9 COUNTY _____
 (List Division if Coffee)

NAME Pienson Cyrus Desmond
 LAST FIRST MIDDLE

ADDRESS 707 W Adams CITY Enterprise ZIP 36218

POB MOBILE, AL SSN 422-23-0259 LICENSE _____

AGE 18 SEX M RACE B WEIGHT 5'9 HEIGHT 150

HAIR BLK EYES BLU DOB 9-16-86

ARRESTED? YES X NO _____ ARRESTING AGENCY EPD

TYPE OF ARREST _____ WARRANT _____ CALL _____ ON-VIEW X

ARRESTING OFFICER WETZEL LOCATION WALMART

OFFENSE(S) Top II MISDEMEANOR X FELONY _____
Resisting Arrest MISDEMEANOR X FELONY _____
 MISDEMEANOR _____ FELONY _____

TRANSFERRED FROM _____ HOLD FOR (agency) _____

RELEASE INFORMATION _____

SENTENCING INFORMATION _____

COMMENTS _____

COMPLETED BY STAPPEL, JR BOOKED BY _____
 SEARCHED _____ PHOTO _____
 FINGERPRINTS _____ GREEN CARD _____

COFFEE COUNTY JAIL
Ben Montes, Sheriff
Zack Ennis, Administrator



INMATE ISSUE LIST

Name of Inmate: Pierson Cyrus
Receiving Officer: Caradine

Date: 04-13-05

ITEMS ISSUED

Item	Amount	Comments
Mattress	X	
Blanket	X	
Sheet	X	
Towel	X	
Washcloth	X	
Laundry Bag	X	
Uniform	X	
Shower Shoes	X	
Soap		
Deodorant		
Toothpaste		
Toothbrush		
Toilet Paper		

ITEMS RETURNED

Item	Amount	Comments
Mattress		
Blanket		
Sheet		
Towel		
Washcloth		
Laundry Bag		
Uniform		
Shower Shoes		

Release Date: _____

Releasing Officer: _____

COFFEE COUNTY JAIL
Ben Moates, Sheriff
Zack Ennis, Administrator



INMATE PROPERTY LIST

Name of Inmate: Pierson CyrusDate: 04-13-05Receiving Officer: Caradine

I certify that this is a correct list of items removed from my possession at the time of my incarceration.

Signature of Inmate: X Cyrus Pierson

Item	Description
Shirt	Red
pants	Red
Short	Grey
Shoes	BLK

I received all of the above listed property (minus any previously released property as indicated on any property release form) on this, the _____ day of _____, 200__, at _____ hrs.

Signature of Inmate: XReleasing Officer: L. Chy

for: Cyrus
Pierson

COFFEE COUNTY JAIL
Ben Moates, Sheriff
Zack Ennis, Administrator



INMATE MEDICAL SCREENING SHEET

Page # 1

Name of Inmate: Pierse, CyrusDate: 04-13-05Receiving Officer: Canadine

Do you, or have you ever had any of the following?

	Yes	No	If yes, give explanation if needed
Allergies		X	
Arthritis		X	
Asthma		X	
Diabetes		X	
Epilepsy		X	
Fainting Spells		X	
Heart Condition		X	
Hepatitis		X	
High B/P		X	
Psychiatric Disorder		X	
Seizures	X		
Tuberculosis		X	
Ulcers		X	
Venereal Disease		X	
OTHER		X	

COFFEE COUNTY JAIL
Ben Moates, Sheriff
Zack Ennis, Administrator



INMATE MEDICAL SCREENING SHEET

Page # 2

Name of Inmate: Pierson Cyrus

Date: 04-13-05

Receiving Officer: Canadie

Answer the following questions Y (Yes) or N (No):

Have you recently been hospitalized or treated by a doctor? NO

Are you currently taking any medications prescribed by a doctor? Yes (Seizures med)

Are you allergic to any medications? NO

Do you have any handicaps or conditions that limit activity? NO

Have you ever attempted suicide, or are you thinking about it at this time? NO

Do you regularly use alcohol? NO

Do you regularly use street drugs? Yes

Do you have a diet prescribed by a doctor? NO

Do you have any problems with your teeth? NO

Do you have medical insurance? NO If yes, with whom? _____

Do you have a personal doctor? NO If yes, who is it? _____

~~If you are female, are you Pregnant?~~ _____

~~If you are female, do you take birth control pills?~~ _____

~~If you are female, have you recently delivered?~~ _____

In case of an emergency, who do you want us to contact?

Name: Wanda Pierson Relationship Mother

Address: _____

Phone Number of Emergency Contact: 398-8089

Comments: _____

If any other explanations are needed, please continue on back of this page>>>

I, Cyrus Pierson authorize the Jail Staff access to my medical information.

x Cyrus Pierson 04-13-2005
Signature Date

EXHIBIT E

Inmate file, records for arrest dated 6/27/2005 (failure to appear)

Copy

ENTERPRISE POLICE DEPARTMENT
TRANSPORT SHEET (Coffee County Jail)DATE 06/27, 2004⁵ TIME 1000 AM/PMSTATUS _____ STATE _____ FEDERAL _____
CITY ✓ COUNTY _____
(List Division if Coffee)NAME Pierse Cyrus D
LAST FIRST MIDDLEADDRESS 707 W. Adams CITY Enterprise ZIP 36330POB ALABAMA SSN 422-23-0258 LICENSE N/AAGE 18 SEX M RACE B WEIGHT 150 HEIGHT 5'10HAIR BLK EYES BRO DOB 09/10/86ARRESTED? YES ✓ NO _____ ARRESTING AGENCY EnterpriseTYPE OF ARREST _____ WARRANT ✓ CALL _____ ON-VIEW _____ARRESTING OFFICER Mason, John LOCATION EnterpriseOFFENSE(S) FTA MISDEMEANOR ✓ FELONY _____
MISDEMAENOR _____ FELONY _____
MISDEMEANOR _____ FELONY _____

TRANSFERRED FROM _____ HOLD FOR (agency) _____

RELAESE INFORMATION 500 CASH

SENTENCING INFORMATION _____

COMMENTS _____

COMPLETED BY Mason, John BOOKED BY _____SEARCHED _____ PHOTO _____
FINGERPRINTS _____ GREEN CARD _____

COFFEE COUNTY JAIL
Ben Moates, Sheriff
Zack Ennis, Administrator



INMATE PROPERTY LIST

Name of Inmate: Cyrus PearsonDate: 6-27-05Receiving Officer: S. Roberts

I certify that this is a correct list of items removed from my possession at the time of my incarceration.

Signature of Inmate: X Cyrus Pearson

Item	Description
Pants	Green
Shirt	Green
Shoes	Timberland
Belt	BIK

I received all of the above listed property (minus any previously released property as indicated on any property release form) on this, the 9th day of Aug, 2005, at _____ hrs.

Signature of Inmate: X Cyrus Pearson Releasing Officer: R. Money

COFFEE COUNTY JAIL
Ben Moates, Sheriff
Zack Ennis, Administrator



INMATE MEDICAL SCREENING SHEET

Page # 1

Name of Inmate: Cyrus PiersonDate: 6-27-05Receiving Officer: S. R. Roberts

Do you, or have you ever had any of the following?

	Yes	No	If yes, give explanation if needed
Allergies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Arthritis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Asthma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Epilepsy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Fainting Spells	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Heart Condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Hepatitis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
High B/P	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Psychiatric Disorder	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Seizures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Tuberculosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Ulcers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Venereal Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
OTHER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

COFFEE COUNTY JAIL
Ben Moates, Sheriff
Zack Ennis, Administrator



INMATE MEDICAL SCREENING SHEET

Page # 2

Name of Inmate: Cyrus Pierson

Date: 6-27-09

Receiving Officer: S. Roberts

Answer the following questions Y (Yes) or N (No):

Have you recently been hospitalized or treated by a doctor? N

Are you currently taking any medications prescribed by a doctor? Y

Are you allergic to any medications? N

Do you have any handicaps or conditions that limit activity? N

Have you ever attempted suicide, or are you thinking about it at this time? N

Do you regularly use alcohol? N

Do you regularly use street drugs? Y

Do you have a diet prescribed by a doctor? N

Do you have any problems with your teeth? N

Do you have medical insurance? N If yes, with whom? _____

Do you have a personal doctor? N If yes, who is it? _____

If you are female, are you Pregnant? X

If you are female, do you take birth control pills? X

If you are female, have you recently delivered? X

In case of an emergency, who do you want us to contact?

Name: Wanda Pierson Relationship Mother

Address: _____

Phone Number of Emergency Contact: _____

Comments: _____

If any other explanations are needed, please continue on back of this page>>>

I, Cyrus Pierson authorize the Jail Staff access to my medical information.

Cyrus Pierson
Signature

6-27-09
Date

EXHIBIT F

Inmate file, records for arrest dated 11/25/2005 (disorderly conduct)

ENTERPRISE POLICE DEPARTMENT
TRANSPORT SHEET (Coffee County Jail)

DATE 11/25 ²⁰⁰⁵/₂₀₀₄ TIME 1330 AM/PM

STATUS _____ STATE _____ FEDERAL _____
 CITY ✓ COUNTY _____
 (List Division if Coffee)

NAME Pierson Cyrus Desmond
 LAST FIRST MIDDLE

ADDRESS 707 W. Adams St CITY Enterprise ZIP 36330

POB ALABAMA SSN 422-23-6259 LICENSE 1/A

AGE 19 SEX M RACE B WEIGHT 150 HEIGHT 5'9

HAIR BLK EYES BRO DOB 9-16-86

ARRESTED? YES ✓ NO _____ ARRESTING AGENCY Enterprise

TYPE OF ARREST _____ WARRANT _____ CALL _____ ON-VIEW ✓

ARRESTING OFFICER Mason, John C LOCATION Enterprise

OFFENSE(S) Disorderly Conduct MISDEMEANOR ✓ FELONY _____
 MISDEMAENOR _____ FELONY _____
 MISDEMEANOR _____ FELONY _____

TRANSFERRED FROM _____ HOLD FOR (agency) _____

RELAESE INFORMATION _____

SENTENCING INFORMATION _____

COMMENTS _____

COMPLETED BY Mason, John C BOOKED BY _____

SEARCHED _____ PHOTO _____
 FINGERPRINTS _____ GREEN CARD _____

Copy

COFFEE COUNTY JAIL
Ben Moates, Sheriff
Zack Ennis, Administrator



INMATE RULES AND REGULATIONS

page 1

Name of Inmate

Cyrus Person

Date:

11/25/05

Receiving Officer:

[Signature]

1. Upon entering the Coffee County Jail, each inmate will surrender all his/her personal items, including shoes and jewelry, with the exception of a wedding band and a watch.
2. There will be no tobacco products, matches or cigarette lighters allowed. These will be considered contraband and violators will be prosecuted.
3. No hats, caps, doo rags or any other kind of head covering will be allowed.
4. All money will be put on the books, **no exceptions**.
5. The jail will accept money and other allowable items for inmates on Wednesdays from 8 am until 5pm, and during visitation on Saturdays and Sundays.
6. Visitation for Cellblocks 1 and 2 is on Sundays from 1 pm until 3 pm. Adults and children will be allowed to visit. Visitation for CB 3 is on Saturdays from 2 pm until 2:45 pm. Adults and children will be allowed to visit. Visitation for Trustees is on Saturdays from 1 pm until 2 pm, adults and children are allowed to visit at this time. CB 4 will visit on Saturdays at 3 pm and female visitation is on Saturdays at 4 pm. **All visitors must show picture I.D., no exceptions.**
7. Inmates are allowed to have six (6) sets of underclothes and six pair of socks. They are allowed to have two pair of thermal underwear. All items must be white in color and have the inmate's name in them. No under wire bras are allowed.
8. Inmates are allowed to have a Bible.
9. Inmates are allowed pencils only, **no ink pens!!**
10. Radios with earphones may be purchased from the jail store. No tape players or recording devices of any kind are allowed.

COFFEE COUNTY JAIL
Ben Moates, Sheriff

Zack Ennis, Administrator



INMATE RULES AND REGULATIONS

page 2

11. Inmates have thirty (30) days from entry to have personal clothes picked up, with the exception of one shirt, one pair of pants and one pair of shoes. Items may be disposed of at the jail's discretion after the thirty days.
12. Inmates going to court will be required to wear jail clothes. If an inmate goes to jury trial, he/she may wear personal clothing.
13. Any inmate found guilty of deliberately damaging County Jail property, will be prosecuted.
14. Inmates will be required to keep their living area clean and orderly, and are required to be fully dressed when not in the sleeping area.
15. Inmates will be charged a fee of ten dollars (\$10.00) for each medical trip they require, and a fee of five dollars (\$5.00) for each prescription issued. This money will come out of the inmate's Commissary Account, short of complete depletion of the account.
16. Inmates using excessive vulgar language may lose privileges.
17. Inmates' custody status will be determined by the Sheriff and/or the Jail Administrator.
18. Inmate grievance forms are available upon request to all inmates.
19. Any inmate who assaults or attempts to assault jail personnel, other inmates or any other persons, shall be prosecuted.
20. Medical Treatment Request Slips will be available upon request from a C/O and forwarded to the Jail Administrator, who will make the necessary and appropriate appointments.

Additional Rules and Regulations may be posted and must be followed !!!

Inmate Signature: *Gyus Pearson*

COFFEE COUNTY JAIL
Ben Moates, Sheriff
Zack Ennis, Administrator



INMATE PROPERTY LIST

Name of Inmate: Cyrus Pierson

Date: 11/25/05

Receiving Officer: C. Dente

I certify that this is a correct list of items removed from my possession at the time of my incarceration.

Signature of Inmate: Cyrus Pierson

Item	Description
Belt	1 Black Belt
S/Toe	Rebocks

I received all of the above listed property (minus any previously released property as indicated on any property release form) on this, the _____ day of _____, 200__, at _____ hrs.

Signature of Inmate: _____ Releasing Officer: _____

COFFEE COUNTY JAIL
Ben Moates, Sheriff
Zack Ennis, Administrator



INMATE MEDICAL SCREENING SHEET

Page # 1

Name of Inmate:

Cyrus Pierson

Date:

11/25/05

Receiving Officer:

G. Overton

Do you, or have you ever had any of the following?

	Yes	No	If yes, give explanation if needed
Allergies		<input checked="" type="checkbox"/>	
Arthritis		<input type="checkbox"/>	
Asthma		<input type="checkbox"/>	
Diabetes		<input type="checkbox"/>	
Epilepsy		<input type="checkbox"/>	
Fainting Spells		<input type="checkbox"/>	
Heart Condition		<input type="checkbox"/>	
Hepatitis		<input type="checkbox"/>	
High B/P		<input type="checkbox"/>	
Psychiatric Disorder		<input type="checkbox"/>	
Seizures		<input type="checkbox"/>	
Tuberculosis		<input type="checkbox"/>	
Ulcers		<input type="checkbox"/>	
Venereal Disease		<input type="checkbox"/>	
OTHER		<input type="checkbox"/>	

COFFEE COUNTY JAIL
Ben Moates, Sheriff
Zack Ennis, Administrator



INMATE MEDICAL SCREENING SHEET

Page # 2

Name of Inmate:

Cyrus Pierson

Date:

11/25/08

Receiving Officer:

G. Overton

Answer the following questions Y (Yes) or N (No):

Have you recently been hospitalized or treated by a doctor? Y

Are you currently taking any medications prescribed by a doctor? Y

Are you allergic to any medications? Y

Do you have any handicaps or conditions that limit activity? Y

Have you ever attempted suicide, or are you thinking about it at this time? Y

Do you regularly use alcohol? Y

Do you regularly use street drugs? Y

Do you have a diet prescribed by a doctor? Y

Do you have any problems with your teeth? Y

Do you have medical insurance? Y If yes, with whom? _____

Do you have a personal doctor? Y If yes, who is it? _____

If you are female, are you Pregnant? Y

If you are female, do you take birth control pills? Y

If you are female, have you recently delivered? Y

In case of an emergency, who do you want us to contact?

Name: _____ Relationship: _____

Address: _____

Phone Number of Emergency Contact: _____

Comments: _____

If any other explanations are needed, please continue on back of this page>>>

I, Cyrus Pierson authorize the Jail Staff access to my medical information.

Cyrus Pierson
Signature

11/25/08
Date

EXHIBIT G

**Inmate file, records for arrest dated 11/30/2005
(distribution of a controlled substance)**

Coffee County Jail
Ben Moates, Sheriff
Zack Ennis, Administrator

CR 8444

INTAKE SHEET

Date: 4/30/05Time: 1538Status: ST ☐ FED ☐ CITY ☐ COUNTY ☒ COFFEE CO. Ent Div / Elba DivName: Pierson Cyrus Desmond SS#: 42223-0259
Last First MiddleAddress: 707 W. Adams St. Enterprise AL 36330
Street City State Zip CodeDOB: 9/16/1986 POB: Ozark Dale AL USA
City County State CountryAge: 19 Race: B Sex: M Hair: BLK Eyes: Bro Weight: 140 Height: 5'8"License or ID #: NoneArresting Agency: Coffee Co S.O. Arresting Officer: Bradley Location of Arrest: Park Ave &Type of Arrest: Warrant ☐ Call ☐ View ☒ Pledger Enterprise

Offense	Mis	Fel	Bond
1-- <u>Distribution of a Controlled Substance</u>		<input checked="" type="checkbox"/>	<u>See Judge</u>
2--			<u>500.00</u>
3--			
4--			

HOLDS: Must See Judge

INTAKE SHEET NUMBER

This form completed by: [Signature]

Booked by: _____ Searched Y/N Photo Y/N FPs Y/N Green Card Y/N

Comments: _____

COFFEE COUNTY JAIL
Ben Moates, Sheriff
Zack Ennis, Administrator

INMATE ISSUE LIST

Name of Inmate: Pierson Cyrus
Receiving Officer: Caradine

Date: 11-30-05

ITEMS ISSUED

Item	Amount	Comments
Mattress	x	
Blanket	x	
Sheet	x	
Towel	x	
Washcloth	x	
Laundry Bag	x	
Uniform	x	
Shower Shoes	x	
Soap		
Deodorant		
Toothpaste		
Toothbrush		
Toilet Paper		

ITEMS RETURNED

Item	Amount	Comments
Mattress		
Blanket		
Sheet		
Towel		
Washcloth		
Laundry Bag		
Uniform		
Shower Shoes		

Release Date: Dec 01, 05Releasing Officer: [Signature]

COFFEE COUNTY JAIL
Ben Moates, Sheriff
Zack Ennis, Administrator



INMATE MEDICAL SCREENING SHEET

Page # 1

Name of Inmate: Pierson CyrusDate: 11-30-05Receiving Officer: Canadine

Do you, or have you ever had any of the following?

	Yes	No	If yes, give explanation if needed
Allergies		x	
Arthritis			
Asthma			
Diabetes			
Epilepsy			
Fainting Spells			
Heart Condition			
Hepatitis			
High B/P			
Psychiatric Disorder			
Seizures			
Tuberculosis			
Ulcers			
Venereal Disease			
OTHER		x	

COFFEE COUNTY JAIL
Ben Moates, Sheriff
Zack Ennis, Administrator



INMATE MEDICAL SCREENING SHEET

Page # 2

Name of Inmate: Pierson Cyrus

Date: 11-30-05

Receiving Officer: Caradine

Answer the following questions Y (Yes) or N (No):

Have you recently been hospitalized or treated by a doctor? NO

Are you currently taking any medications prescribed by a doctor? NO

Are you allergic to any medications? NO

Do you have any handicaps or conditions that limit activity? NO

Have you ever attempted suicide, or are you thinking about it at this time? NO YES

Do you regularly use alcohol? NO

Do you regularly use street drugs? NO

Do you have a diet prescribed by a doctor? NO

Do you have any problems with your teeth? NO

Do you have medical insurance? NO If yes, with whom? _____

Do you have a personal doctor? NO If yes, who is it? _____

If you are female, are you Pregnant? _____

If you are female, do you take birth control pills? _____

If you are female, have you recently delivered? _____

In case of an emergency, who do you want us to contact?

Name: _____ Relationship: _____

Address: _____

Phone Number of Emergency Contact: _____

Comments: _____

If any other explanations are needed, please continue on back of this page>>>

I, Cyrus Pierson authorize the Jail Staff access to my medical information.

X 11-30-05
Signature Date

EXHIBIT H

Inmate file, records for arrest dated 12/20/2005 (contempt)

COPY

ENTERPRISE POLICE DEPARTMENT TRANSPORT SHEET (Coffee County Jail)

DATE 12-20-, 2005TIME 12:24 AM/PM

STATUS

STATE

CITY Enterprise

FEDERAL

COUNTY

(List Division if Coffee)

NAME

Pierson
LASTCyrus
FIRSTDesmond
MIDDLE

ADDRESS

707 W. Adams St.

CITY

Enterprise

ZIP

36730

POB

Enterprise

SSN

422-23-0259

LICENSE

Lat.

AGE

19

SEX

M

RACE

B

WEIGHT

150

HEIGHT

5'09

HAIR

B/K

EYES

Bro

DOB

09/16/86ARRESTED? YES ☒ NO

ARRESTING AGENCY

EPD

TYPE OF ARREST

WARRANT

☒

CALL

ON-VIEW

ARRESTING OFFICER

Chris Mason

LOCATION

W. Park

OFFENSE(S)

Conceal

MISDEMEANOR

☒ FELONY

MISDEMAENOR

FELONY

MISDEMEANOR

FELONY

TRANSFERRED FROM

EPD

HOLD FOR (agency)

RELAESE INFORMATION

X \$500.00 cash bond only X

SENTENCING INFORMATION

COMMENTS

COMPLETED BY

Ryan Wambles

BOOKED BY

Jason Childers

SEARCHED

yes

PHOTO

no

FINGERPRINTS

no

GREEN CARD

no

COFFEE COUNTY JAIL

Ben Moates, Sheriff

Zack Ennis, Administrator



INMATE PROPERTY LIST

Name of Inmate: Cyrus PensonDate: 12-20-05Receiving Officer: G. Roberts

I certify that this is a correct list of items removed from my possession at the time of my incarceration.

Signature of Inmate: Cyrus Penson

Item	Description
Belt	Black
Jacket	Black
Jacket	Gray
Pants	Black
Shoes	Black

I received all of the above listed property (minus any previously released property as indicated on any property release form) on this, the 21 day of April, 2006, at 1435 hrs.

Signature of Inmate: Cyrus Penson Releasing Officer: D. Opler

COFFEE COUNTY JAIL
Ben Moates, Sheriff
Zack Ennis, Administrator



INMATE MEDICAL SCREENING SHEET

Page # 1

Name of Inmate: Cyrus PearsonDate: 12-20-09Receiving Officer: S.R. Shurt

Do you, or have you ever had any of the following?

	Yes	No	If yes, give explanation if needed
Allergies		/	
Arthritis		/	
Asthma		/	
Diabetes		/	
Epilepsy		/	
Fainting Spells		/	
Heart Condition		/	
Hepatitis		/	
High B/P		/	
Psychiatric Disorder		/	
Seizures	/		
Tuberculosis		/	
Ulcers		/	
Venereal Disease		/	
OTHER		/	

COFFEE COUNTY JAIL
Ben Moates, Sheriff
Zack Ennis, Administrator



INMATE MEDICAL SCREENING SHEET

Page # 2

Name of Inmate: Cyrus Pierson

Date: 12-20-05

Receiving Officer: S. Roberts

Answer the following questions Y (Yes) or N (No):

Have you recently been hospitalized or treated by a doctor? Y Dec. 16, 2005

Are you currently taking any medications prescribed by a doctor? Y Dilantin

Are you allergic to any medications? N

Do you have any handicaps or conditions that limit activity? N

Have you ever attempted suicide, or are you thinking about it at this time? N

Do you regularly use alcohol? N

Do you regularly use street drugs? Y

Do you have a diet prescribed by a doctor? N

Do you have any problems with your teeth? N

Do you have medical insurance? Y If yes, with whom? _____

Do you have a personal doctor? Y If yes, who is it? _____

If you are female, are you Pregnant? _____

If you are female, do you take birth control pills? _____

If you are female, have you recently delivered? _____

In case of an emergency, who do you want us to contact?

Name: Don Pierson Relationship Cousin

Address: _____

Phone Number of Emergency Contact: 389-8531

Comments: _____

If any other explanations are needed, please continue on back of this page>>>

I, Cyrus Pierson authorize the Jail Staff access to my medical information.

X Cyrus Pierson
Signature

12-20-05
Date

EXHIBIT I

Inmate file, records for arrest dated 7/6/2006 (failure to appear)

ENTERPRISE POLICE DEPARTMENT
TRANSPORT SHEET (Coffee County Jail)

DATE July 06, 2006TIME 03:00 AM/PM

STATUS

STATE

CITY X

FEDERAL

COUNTY

(List Division if Coffee)

NAME Pierston
LASTFIRST CYRUSMIDDLE REMONDADDRESS 707 Adams St CITY Enterprise ZIP 36330POB Enterprise SSN 422-23059 LICENSE 1731491AGE 19 SEX M RACE B WEIGHT 165 HEIGHT 6'00"HAIR BLK EYES BRN DOB 09-16-1986ARRESTED? YES X NOARRESTING AGENCY EPD

TYPE OF ARREST

WARRANT X

CALL

ON-VIEW

ARRESTING OFFICER D. Ryan Reid LOCATION Coffee County JailOFFENSE(S) Failure to Appear MISDEMEANOR X FELONY
MISDEMEANOR FELONY
MISDEMEANOR FELONY

TRANSFERRED FROM HOLD FOR (agency)

RELEASE INFORMATION \$500.00 cash only

SENTENCING INFORMATION

COMMENTS

COMPLETED BY D. Ryan Reid

BOOKED BY

SEARCHED

PHOTO

FINGERPRINTS

GREEN CARD

COFFEE COUNTY JAIL

Ben Moates, Sheriff

Zack Ennis, Administrator



INMATE PROPERTY LIST

Name of Inmate: Cyrus PiersonDate: 7-6-2006Receiving Officer: S. Day

I certify that this is a correct list of items removed from my possession at the time of my incarceration.

Signature of Inmate: X Cyrus Pierson

Item	Description
one pair	sneakers - Black in color
one	shorts - grey in color
	Nothing follows //

I received all of the above listed property (minus any previously released property as indicated on any property release form) on this, the 12 day of July, 2006 at 1235 hrs.

Signature of Inmate: Cyrus Pierson Releasing Officer: Tolbert

COFFEE COUNTY JAIL
Ben Moates, Sheriff
Zack Ennis, Administrator



INMATE MEDICAL SCREENING SHEET

Page # 1

Name of Inmate: Cyrus PiersonDate: 7-6-2006Receiving Officer: S. Jones

Do you, or have you ever had any of the following?

	Yes	No	If yes, give explanation if needed
Allergies		<input checked="" type="checkbox"/>	
Arthritis		<input checked="" type="checkbox"/>	
Asthma		<input checked="" type="checkbox"/>	
Diabetes		<input checked="" type="checkbox"/>	
Epilepsy		<input checked="" type="checkbox"/>	
Fainting Spells		<input checked="" type="checkbox"/>	
Heart Condition		<input checked="" type="checkbox"/>	
Hepatitis		<input checked="" type="checkbox"/>	
High B/P		<input checked="" type="checkbox"/>	
Psychiatric Disorder		<input checked="" type="checkbox"/>	
Seizures	<input checked="" type="checkbox"/>		
Tuberculosis		<input checked="" type="checkbox"/>	
Ulcers		<input checked="" type="checkbox"/>	
Venereal Disease		<input checked="" type="checkbox"/>	
OTHER		<input checked="" type="checkbox"/>	

COFFEE COUNTY JAIL

Ben Moates, Sheriff

Zack Ennis, Administrator



INMATE MEDICAL SCREENING SHEET

Page # 2

Name of Inmate:

Cyrus Pearson

Date:

7-6-2006

Receiving Officer:

S. [Signature]

Answer the following questions Y (Yes) or N (No):

Have you recently been hospitalized or treated by a doctor? Are you currently taking any medications prescribed by a doctor? Are you allergic to any medications? Do you have any handicaps or conditions that limit activity? Have you ever attempted suicide, or are you thinking about it at this time? Do you regularly use alcohol? Do you regularly use street drugs? Do you have a diet prescribed by a doctor? Do you have any problems with your teeth? Do you have medical insurance? If yes, with whom? Do you have a personal doctor? If yes, who is it? If you are female, are you Pregnant? If you are female, do you take birth control pills? If you are female, have you recently delivered?

In case of an emergency, who do you want us to contact?

Name: Relationship Address: Phone Number of Emergency Contact: Comments:

If any other explanations are needed, please continue on back of this page>>>

I, Cyrus Pearson authorize the Jail Staff access to my medical information.X Cyrus Pearson 7-6-2006
Signature Date

EXHIBIT J

**Inmate file, records for arrest dated 8/2/2006
(second degree receipt of stolen property)**

ENTERPRISE POLICE DEPARTMENT
TRANSPORT SHEET (Coffee County Jail)

DATE: 8-2, 2006TIME: 1652 AM ☒ PM

STATUS

STATE _____

FEDERAL _____

CITY ENTERPRISE

COUNTY _____

(List Division if Coffee)

 NAME: PIERSON CYRUS DESMOND
 LAST FIRST MIDDLE
ADDRESS: 707 W ADAMS CITY ENTERPRISE ZIP CODE 36330POB: ENTERPRISE AL SSN: 412-23-0259 LICENSE _____AGE: 19 SEX: M RACE B WEIGHT 150 HEIGHT 5-9HAIR: BLK EYES: BRN DOB: 9-16-86ARRESTED? YES: ☒ NO: _____ ARRESTING AGENCY: ENTERPRISE P.D.TYPE OF ARREST: _____ WARRANT: ☒ CALL: _____ ON-VIEW: _____ARRESTING OFFICER: MACDONALD / MASON LOCATION: 204 GRIMES ST
 OFFENSE(S): RECEIVING STOLEN PROP. 2ND MISDEMEANOR _____ FELONY ☒
 _____ MISDEMEANOR _____ FELONY _____
 _____ MISDEMEANOR _____ FELONY _____

TRANSFERRED FROM: _____ HOLD FOR (agency): _____

RELEASE INFORMATION: NO BOND PER Judge Sterling

SENTENCING INFORMATION: _____

COMMENTS: _____

COMPLETED BY: MASON, CONF BOOKED BY: _____

SEARCHED: _____ PHOTO _____

FINGERPRINTS: _____ GREEN CARD _____

COFFEE COUNTY JAIL
Ben Moates, Sheriff
Zack Ennis, Administrator



INMATE ISSUE LIST

Name of Inmate: Pierson Cyrus
Receiving Officer: Ennis

Date: 8/2/06

ITEMS ISSUED

Item	Amount	Comments
Mattress	X	
Blanket	X	
Sheet	X	
Towel	X	
Washcloth	X	
Laundry Bag	X	
Uniform	X	
Shower Shoes	X	
Soap		
Deodorant		
Toothpaste		
Toothbrush		
Toilet Paper		

ITEMS RETURNED

Item	Amount	Comments
Mattress		
Blanket		
Sheet		
Towel		
Washcloth		
Laundry Bag		
Uniform		
Shower Shoes		

Release Date: _____

Releasing Officer: _____

COFFEE COUNTY JAIL
Ben Moates, Sheriff
Zack Ennis, Administrator



INMATE PROPERTY LIST

Name of Inmate: Pierson Cyrus

Date: 8/2/06

Receiving Officer: Carach

I certify that this is a correct list of items removed from my possession at the time of my incarceration.

Signature of Inmate: Cyrus Pierson

Item	Description
<u>Shirts</u>	<u>Blue</u>
<u>Short</u>	<u>Black</u>
<u>Shoes</u>	<u>Blue</u>

I received all of the above listed property (minus any previously released property as indicated on any property release form) on this, the 16th day of Aug 2007, at 1430 hrs.

Signature of Inmate: Cyrus Pierson Releasing Officer: R. J. Tolbert

COFFEE COUNTY JAIL
Ben Moates, Sheriff
Zack Ennis, Administrator



INMATE MEDICAL SCREENING SHEET

Page # 1

Name of Inmate: Pierson CyrusDate: 8/2/06Receiving Officer: Conner

Do you, or have you ever had any of the following?

	Yes	No	If yes, give explanation if needed
Allergies		X	
Arthritis			
Asthma			
Diabetes			
Epilepsy			
Fainting Spells			
Heart Condition			
Hepatitis			
High B/P			
Psychiatric Disorder		X	
Seizures	X		
Tuberculosis		X	
Ulcers			
Venereal Disease			
OTHER		X	

COFFEE COUNTY JAIL
Ben Moates, Sheriff
Zack Ennis, Administrator



INMATE MEDICAL SCREENING SHEET

Page # 2

Name of Inmate: Pickson CyrusDate: 8/2/06Receiving Officer: Conan

Answer the following questions Y (Yes) or N (No):

Have you recently been hospitalized or treated by a doctor? NOAre you currently taking any medications prescribed by a doctor? YESAre you allergic to any medications? NODo you have any handicaps or conditions that limit activity? NOHave you ever attempted suicide, or are you thinking about it at this time? NODo you regularly use alcohol? NODo you regularly use street drugs? NODo you have a diet prescribed by a doctor? NODo you have any problems with your teeth? NODo you have medical insurance? NO If yes, with whom? _____Do you have a personal doctor? NO If yes, who is it? _____

If you are female, are you Pregnant? _____

If you are female, do you take birth control pills? _____

If you are female, have you recently delivered? _____

In case of an emergency, who do you want us to contact?

Name: _____ Relationship: _____

Address: _____

Phone Number of Emergency Contact: _____

Comments: _____

If any other explanations are needed, please continue on back of this page>>>

I, Cyrus Pickson authorize the Jail Staff access to my medical information.Cyrus Pickson 8/2/06
Signature Date

EXHIBIT K

**Inmate file, records for arrest dated 4/13/2005
(sureties filed to come off of the Plaintiff's bond)**

INTAKE SHEET

Time: 1200

Name: Pierson Cyrus SS#: 422-23-0259
Last First Middle

DOB: 9/16/86 POB: Enterprise _____
City County State Country

License or ID #: _____ **Cases # _____

Type of Arrest: Warrant _____ Call _____ View _____ GJI _____

HOLDS: _____

This form completed by:

Comments: _____

COFFEE COUNTY JAIL INMATE ISSUE LIST

Dave Sutton, Sheriff

Capt. Richard B. Moss, Admn.

Name of Inmate: Cyrus PiersonDate: 4-11-07Receiving Officer: S. Roberts

ITEMS ISSUED

Item	Amount	Comments
Mattress		
Blanket	1	
Sheet		
Towel	1	
Washcloth	1	
Laundry Bag	1	
Uniform	2	
Shower Shoes	1	

ANY DAMAGE DONE TO THESE ITEMS WILL RESULT IN A CHARGE AND
MUST BE PAID BEFORE RELEASE IS GRANTED.

By Signature, I agree to the terms and charges of these items.

Cyrus Pierson
Inmate

S. Roberts
Corrections Officer

ITEMS RETURNED

Item	Amount	Comments
Mattress		
Blanket		
Sheet		
Towel		
Washcloth		
Laundry Bag		
Uniform		
Shower Shoes		

Release Date: _____

Releasing Officer: _____

COFFEE COUNTY JAIL
Dave Sutton Sheriff
Capt. Richard B. Moss Administrator



INMATE MEDICAL SCREENING SHEET

Page # 2

Name of Inmate: Cyrus Pierson

Date: 4-11-07

Receiving Officer: S. Roberts

Answer the following questions Y (Yes) or N (No):

Have you recently been hospitalized or treated by a doctor? N

Are you currently taking any medications prescribed by a doctor? Y

Are you allergic to any medications? N

Do you have any handicaps or conditions that limit activity? N

Have you ever attempted suicide, or are you thinking about it at this time? N

Do you regularly use alcohol? N

Do you regularly use street drugs? N

Do you have a diet prescribed by a doctor? N

Do you have any problems with your teeth? N

Do you have medical insurance? Y If yes, with whom? _____

Do you have a personal doctor? N If yes, who is it? _____

If you are female, are you Pregnant? _____

If you are female, do you take birth control pills? _____

If you are female, have you recently delivered? _____

In case of an emergency, who do you want us to contact?

Name: Azzie Lee Relationship: Grandmother

Address: _____

Phone Number of Emergency Contact: 348-2512

Comments: Puon Pierson - 389-7404

If any other explanations are needed, please continue on back of this page>>>

I, Cyrus Pierson authorize the Jail Staff access to my medical information.

X Cyrus Pierson 4-11-07
Signature Date

COFFEE COUNTY JAIL
Dave Sutton Sheriff
Capt. Richard B. Moss Administrator



INMATE MEDICAL SCREENING SHEET

Page # 1

Name of Inmate:

Cyrus Pearson

Date:

4-11-07

Receiving Officer:

J. R. Shub

Do you, or have you ever had any of the following?

	Yes	No	If yes, give explanation if needed
Allergies		/	
Arthritis		/	
Asthma		/	
Diabetes		/	
Epilepsy		/	
Fainting Spells		/	
Heart Condition		/	
Hepatitis		/	
High B/P		/	
Psychiatric Disorder		/	
Seizures	/		
Tuberculosis		/	
Ulcers		/	
Venereal Disease		/	
OTHER			

COFFEE COUNTY JAIL
Dave Sutton Sheriff
Capt. Richard B. Moss Administrator



INMATE PROPERTY LIST

Name of Inmate: Cyrus Pearson
Receiving Officer: S. R. Roberts

Date: 4-11-07

I certify that this is a correct list of items removed from my possession at the time of my incarceration.

Signature of Inmate: Cyrus Pearson

Item	Description
<u>Pants</u>	<u>Blue</u>
<u>Shirt</u>	<u>Blue</u>
<u>Shoes</u>	<u>Blue & White</u>
<u>Caps</u>	<u>Orange (A)</u>

I received all of the above listed property (minus any previously released property as indicated on any property release form) on this, the _____ day of _____, 200__, at _____ hrs.

Signature of Inmate: _____ Releasing Officer: _____

CIRCUIT COURT OF COFFEE COUNTY

STATE OF ALABAMA VS PIERSON CYRUS DESMOND
707 WEST ADAMS STREET

ENTERPRISE, AL 36330 0000

A-ADVANTAGE BONDING
GOLDEN, MATTIE J.

COPY

WHEREAS, THE SURETIES ON THE BAIL IN THE ABOVE-STYLED CASE HAVE EXPRESSED THEIR WISH TO SURRENDER THE DEFENDANT TO THE CUSTODY OF THE SHERIFF OR JAILER AND,

WHEREAS, THE CLERK OF COURT HAS CHECKED THE RECORDS AND HAS FOUND THAT THE ABOVE-STYLED CASE IS STILL PENDING; AND THAT THE DEFENDANT OR HIS OR HER SURETIES HAVE NOT BEEN DISCHARGED OF THEIR OBLIGATIONS; OR THAT THE RECORDS IN THE ABOVE-STYLED CASE REFLECT THAT THE DEFENDANT HAS FAILED TO APPEAR ON THE OBLIGATION OF BAIL AS REQUIRED AND A WARRANT HAS BEEN ISSUED FOR THE ARREST OF THE DEFENDANT.

NOW, THEREFORE, THIS PROCESS IS ISSUED, AS REQUIRED BY LAW, GIVING THE RIGHT TO THE SURETIES (BONDSMEN) TO ARREST THE DEFENDANT AT ANY PLACE WITHIN THE STATE OF ALABAMA, OR ALLOWING THE SURETIES TO AUTHORIZE ANOTHER PERSON TO ARREST THE DEFENDANT BY AN ENDORSEMENT IN WRITING ON THIS DOCUMENT BELOW OR ON AN ATTACHMENT TO THIS DOCUMENT. THE SURETY OR BONDSMAN SHALL FORTHWITH, AFTER THE ARREST, TAKE THE DEFENDANT TO THE JAIL, AS CUSTODIAN THEREOF.

ISSUED THIS 27 DAY OF MARCH , 2007.

JAMES M COUNTS
CLERK OF COURT

BONDSMAN RETURN

ON THIS 15th DAY OF April, 2007, AT
10:25 AM (TIME), I Shawn Stone
(BONDSMAN/AGENT FOR Advantage Bonding SURETY)
SURRENDERED THE DEFENDANT TO THE Coffee County Jail
JAIL.

SIGNATURE OF BONDSMAN/SURETY

THIS PROCESS MUST BE RETURNED TO THE CLERK OF COURT WITHIN FIVE (5) DAYS AFTER EXECUTED.

OPERATOR: AMR
PREPARED: 03/27/2007

NOTICE TO BONDSMAN OR BONDSMAN'S DESIGNEE

- (1) WHEN NOTIFIED BY THE CLERK OF COURT TO RETURN THIS PROCESS, YOU MUST RETURN IT WITHIN FIVE (5) DAYS OF RECEIVING IT.
- (2) EXECUTION OF THIS PROCESS AFTER THE DEFENDANT HAS BEEN DISCHARGED IS AN ILLEGAL ARREST.

NOTICE TO THE JAILER

UPON RECEIPT OF THE BONDSMAN'S PROCESS, YOU MUST RETURN THIS PROCESS TO THE CLERK OF COURT.

COPY

CHARGE: ATT -DISTRIBUTE DRUG

BOND AMOUNT:

\$500.00

IDENTIFICATION OF ACCUSED PERSON

NAME OF ACCUSED PERSON: PIERSON CYRUS DESMONPHONE NUMBER:

SSN: 422-23-0259 DOB: 09161986 AGE: 020 RACE: B SEX: M HT: 508

WT: 140 HR: BLK EY: BRO OTHER:

ADDR:

EMPLOYER/ADDR/PHONE:

WITNESSES

OPERATOR: AMR
PREPARED: 03/27/2007

EXHIBIT L

Inmate file, Incident Report dated 1/5/2006

Coffee County Jail
Ben Moates, Sheriff
Zack Ennis, Administrator

INCIDENT REPORT

Date and time:

Nature of Incident : fight CB2

Place of Incident: CB2

Date Occurred: 11/5/06

Time Occurred: 2145

NARRATIVE:

Around 2145 hrs Clo Lamb called fight in CB2. Clo Bryan Arrived at CB2 he saw Cyrus Pierson and Martin Caldwell in cell 7 fighting. Also Clo Bryan saw Antonio Pouncey and Jarvis Robinson in cell 7 but Clo Bryan did not see them throwing punches. Cyrus Pierson locked down in CB for 24hrs. Martin Caldwell was moved to CB3.

End of statement

Was an Offense Committed? yesWas an Inmate Charged? noName of Inmate : Cyrus Pierson and Martin CaldwellSignature of Reporting Employee: Michael BryanName and Title of Reporting Employee (Print): aud shift supervisor Michael BryanReport Delivered To: ZACK ENNISDate: 11/5/06 Time: 2210

Signature of Supervisor Receiving Report:

Date: _____ Time: _____

EXHIBIT M

Inmate file, Incident Report dated 3/20/2006

Coffee County Jail
Ben Moates, Sheriff
Zack Ennis, Administrator

INCIDENT REPORT

Date and time: 3/20/2006 (0515)

Nature of Incident : Fight
Place of Incident: CB 2 Dayroom
Date Occurred: 3/20/2006
Time Occurred: 0505

NARRATIVE :

On the above stated date and time while performing duties as the 3 rd Shift Supervisor at the Coffee County Jail,
upon performing my routine camera security observations, it was noticed by my person that certain inmates in
CB 1 were standing immobile in the middle of the dayroom floor looking in the general direction of CB 2. Seeing
this as a clue to possible trouble in CB 2 and switching the camera over to same, it was observed that two inmates
were apparently gesturing wildly at each other in what looked like some kind of argument. Upon seeing same,
Officer Cole (who was observing the cameras as well) was advised by my person that we had trouble in CB 2. No
sooner had I rose from the chair to advance towards CB 2 did the swinging start and thus the two inmates began
fighting. Upon entering the cellblock, the fight had stopped. The inmates involved were identified as one Cyrus
Pierson and Alfred Jones. Both were placed on 24 hour lockdown for their own safety and security and to restore
order to the cellblock. Both inmates were checked visually for injuries. No visible injuries were apparent. *****

Was an Offense Committed? Yes Was an Inmate Charged? No

Name of Inmate : Cyrus Pierson / Alfred Jones

Signature of Reporting

Employee: Stanley J. LopezName and Title of Reporting Employee (Print): Stanley J. Lopez / 3rd Shift Supervisor

Report Delivered To: Desk of Zack Ennis

Date: 3/20/2006

Time: 0535

Signature of Supervisor Receiving Report:

Date: _____

Time: _____

EXHIBIT N

Medical recs., Patient Record dated 11/14/2006

COFFEE COUNTY (ALA.) JAIL

PATIENT RECORD

Name Person Cyrus Date 11-14-2006 Time 1445 P.M.
Address CCS Age _____ Sex Male

☒ County Prisoner ☐ State Prisoner ☐ Other _____

Complaint: Cut above Rt eye

History of Complaint: Fist fight - forehead laceration

Doctor Impression:

Karri McFar PA #

Doctor Signature

Treatment:

Wound closure
c Dermabond
skin adhesive

Quality Printing Co.

Patient I

PIERSON, CYRUS D

Patient N

06318-00158

09/16/86

20Y M

0000027471

NOTE: The examination and treatment you have received has been rendered on an emergency basis only and is not intended to be a substitute for or an effort to provide complete medical care. Often additional treatment is necessary and should be provided by your family doctor or the physician to whom you have been referred. (A copy of your records and test reports will be sent to the physician upon his/her request Report to the physician any new or remaining problems because it is possible that all elements of the injury or illness may not be recognized and treated in a single visit.

Meanwhile, FOLLOW THE INSTRUCTIONS BELOW as indicated for you.

WOUND/SUTURE CARE	EAR, EYE, NOSE AND THROAT CARE	MEDICATIONS
<input checked="" type="checkbox"/> KEEP WOUND CLEAN AND DRY. <input checked="" type="checkbox"/> WASH AROUND WOUND EDGE WITH _____ 3 TIMES A DAY. <input checked="" type="checkbox"/> REPORT TO YOUR DOCTOR IF SWELLING, BRUISING, PUS, DRAINAGE, FOUL SMELL, NUMBNESS, FEVER OR DISCOLORATION DEVELOPS. <input type="checkbox"/> KEEP WOUND COVERED WITH STERILE BANDAGE. <input type="checkbox"/> IF DRESSING NEEDS TO BE CHANGED, YOU SHOULD: <input type="checkbox"/> REAPPLY STERILE DRESSING. <input type="checkbox"/> REPORT TO YOUR DOCTOR WITHIN 2 DAYS. <input type="checkbox"/> STITCHES/STERI STRIPS COME OUT IN _____ DAYS.	<input type="checkbox"/> REST FOR _____ DAYS. <input type="checkbox"/> DO NOT PUT OBJECTS INTO YOUR EARS. <input type="checkbox"/> WEAR EYE PATCH FOR _____ HRS. <input type="checkbox"/> DO NOT DRIVE WHILE WEARING EYE PATCH. <input type="checkbox"/> AVOID BRIGHT LIGHTS/T.V. FOR _____ HRS. <input type="checkbox"/> APPLY COOL COMPRESS. <input type="checkbox"/> DO NOT BLOW YOUR NOSE. <input type="checkbox"/> REPORT TO YOUR DOCTOR IMMEDIATELY IF BLEEDING OCCURS THROUGH PACKING. <input type="checkbox"/> USE ICE PACK TO BRIDGE OF NOSE. <input type="checkbox"/> FUTURE BLEEDING MAY BE STOPPED BY PINCHING NOSTRILS TOGETHER FOR A FULL 10 MINS. AND APPLYING ICE PACKS. <input type="checkbox"/> WARM SALTWATER GARGLES AS DESIRED. <input type="checkbox"/> SOFT FOODS FOR _____ DAYS. <input type="checkbox"/> REPORT TO YOUR DOCTOR IF FEVER GREATER THAN 100.6 DEVELOPS.	<input type="checkbox"/> YOU HAVE BEEN GIVEN PRESCRIPTIONS FOR: <input type="checkbox"/> PAIN _____ <input type="checkbox"/> INFECTION _____ <input type="checkbox"/> OTHER(S) _____ <input type="checkbox"/> FOLLOW LABEL DIRECTIONS FOR PRESCRIPTIONS. <input type="checkbox"/> TAKE WITH FOOD OR MILK. <input type="checkbox"/> TAKE ON AN EMPTY STOMACH. <input type="checkbox"/> DO NOT DRINK ALCOHOL WHILE TAKING MEDICATIONS. <input type="checkbox"/> MEDICATION MAY CAUSE DROWSINESS; DO NOT DRIVE OR OPERATE MACHINERY WHILE TAKING IT.
SPRAIN, FRACTURE AND BRUISE CARE	MEDICAL CARE	IMMUNIZATIONS
<input type="checkbox"/> APPLY ICE PACK EVERY 3 HRS. FOR 15 MINS. DURING FIRST 24 HOURS. <input type="checkbox"/> APPLY HEAT EVERY 4 HRS. FOR 15 MIN. AFTER 24 HRS. OF ICE. <input type="checkbox"/> KEEP INJURED PART ELEVATED AND AT REST. <input type="checkbox"/> KEEP CAST CLEAN AND DRY. <input type="checkbox"/> MOVE FINGERS/TOES EVERY HOUR WHILE AWAKE. <input type="checkbox"/> REPORT TO YOUR DOCTOR IMMEDIATELY IF SWELLING, BRUISING, PUS, FOUL SMELL, NUMBNESS, FEVER OR DISCOLORATION DEVELOPS. <input type="checkbox"/> YOU MAY WALK ON THE CAST AFTER _____ HRS. <input type="checkbox"/> USE CRUTCHES FOR _____ DAYS. <input type="checkbox"/> ACE WRAP FOR _____ DAYS OR UNTIL PAIN FREE. REWRAP IF TOO TIGHT OR TOO CLOSE. <input type="checkbox"/> GAIT TRAINING GIVEN AND PERFORMED. <input type="checkbox"/> WEAR SLING/SPLINT FOR _____ DAYS.	<input type="checkbox"/> DRINK PLENTY OF LIQUIDS. <input type="checkbox"/> CLEAR LIQUIDS FOR _____ HRS. <input type="checkbox"/> NO SOLID FOODS FOR _____ HRS. <input type="checkbox"/> NO FRIED, FATTY, SPICY FOODS. <input type="checkbox"/> NO ALCOHOL. <input type="checkbox"/> NO CAFFEINE. <input type="checkbox"/> DIET INSTRUCTIONS GIVEN: _____ <input type="checkbox"/> EAT BEDTIME SNACK <input type="checkbox"/> THREE FULL MEALS EVERY DAY. <input type="checkbox"/> REST FOR _____ DAYS. <input type="checkbox"/> TAKE _____ ASPIRIN/TYLENOL EVERY _____ HRS. <input type="checkbox"/> WARM SOAKS/HEATING PAD EVERY _____ HRS. FOR _____ MINS. <input type="checkbox"/> COLD COMPRESSES/ICE PACKS EVERY _____ HRS. FOR _____ MINS. <input type="checkbox"/> REDUCE/STOP SMOKING. <input type="checkbox"/> REPORT TO YOUR DOCTOR IF FEVER GREATER THAN 100.6 DEVELOPS OR PAIN WORSENS.	<input type="checkbox"/> DPT <input type="checkbox"/> DT <input type="checkbox"/> Tetanus Toxoid 1. If this was your first such dose of Tetanus Toxoid, you must have 2 more injections to complete this series. No. 2 should be given in 4 to 6 weeks and No. 3 should be given 6 to 12 months after No. 2. After that you should have a booster dose every 5 years if no injury requiring a booster intervenes. 2. If this was a booster dose, you will not need another booster for 5 years.
HEAD INJURY CARE		ADDITIONAL INSTRUCTIONS
<input type="checkbox"/> REST FOR _____ HRS. <input type="checkbox"/> TAKE ONLY LIQUIDS FOR _____ HRS. <input type="checkbox"/> WEAR CERVICAL COLLAR FOR _____ DAYS. <input type="checkbox"/> REPORT TO YOUR DOCTOR IMMEDIATELY IF ANY OF THE FOLLOWING OCCUR: • Persistent headaches • Bleeding or clear fluid drains from nose or ears • Blurred or double vision • Black areas of eyes become irregular • Weakness in arms/legs • Persistent vomiting • Confusion, irritability or unusual drowsiness (if sleeping, wake up every 2 hrs. for 24 hrs.)	<input type="checkbox"/> EAT BEDTIME SNACK <input type="checkbox"/> THREE FULL MEALS EVERY DAY. <input type="checkbox"/> REST FOR _____ DAYS. <input type="checkbox"/> TAKE _____ ASPIRIN/TYLENOL EVERY _____ HRS. <input type="checkbox"/> WARM SOAKS/HEATING PAD EVERY _____ HRS. FOR _____ MINS. <input type="checkbox"/> COLD COMPRESSES/ICE PACKS EVERY _____ HRS. FOR _____ MINS. <input type="checkbox"/> REDUCE/STOP SMOKING. <input type="checkbox"/> REPORT TO YOUR DOCTOR IF FEVER GREATER THAN 100.6 DEVELOPS OR PAIN WORSENS.	1) Keep Clean And Dry. 2) Follow up with Family Doctor As Needed.

WORK/SCHOOL STATEMENT	I acknowledge that I have been informed of and understand all of the instructions given to me and have received a copy thereof. I have been instructed to contact a physician as soon as possible for continued medical diagnosis and care if indicated. I do not have any more questions at this time, but understand that I may call the Emergency Services Department at any time should I have any further questions or need assistance in obtaining follow-up care.	
<input type="checkbox"/> Able to work/go to school/resume previous activities. <input type="checkbox"/> Limit activity for _____ days. <input type="checkbox"/> Able to return to work/attend school on _____ / ____ / ____	X _____ Signature of Patient (or Authorized Representative)	
FOLLOW-UP APPOINTMENTS	11-14-06 1544 Date Time	
<input type="checkbox"/> Call your family doctor for a follow-up appointment in _____ days. (Your doctor may wish to see the x-rays made while you were in the Emergency Services Department. Please inquire about this when making your appointment.) <input type="checkbox"/> Referred to: _____	Physician Signature: _____ Nurse Signature: _____	
<input checked="" type="checkbox"/> RETURN TO ER FOR SEVERE OR ACUTE PROBLEMS.		

CONDITIONS FOR TREATMENT

1. **MEDICAL AND SURGICAL TREATMENT AND BLOOD TRANSFUSION CONSENT:** A patient's care is under the control of his or her attending physicians and the Hospital is not liable for any act or omission in following the instructions of that physician. The undersigned consents to any radiological examination, laboratory procedure, anesthesia, Emergency Room treatment, medical, surgical or diagnostic treatment or hospital services rendered the patient under the general and special instructions of the physician. The undersigned recognizes that all physicians furnishing services to the patient, including the radiologist, anesthesiologist, and emergency room physician are independent contractors and are neither employees nor agents of the Hospital.
2. **RELEASE OF INFORMATION:** The hospital may disclose all or any part (including Social Security number) of the patient's medical record to any person or corporation which is or may be liable under a contract to the Hospital or the patient or to a family member or employer of the patient for all or part of the Hospital's charge including, but not limited to, hospital or hospital utilization review entities, including the Peer Review Organizations that may perform Medicare/Medicaid/Champus review or those who have an agreement with the patient's employer, insurance companies, workmen's compensation carriers, Veterans Administration, welfare or the patient's employer. The Hospital may disclose any information concerning my case which is necessary or appropriate for medical research. This authorization includes, but is not limited to, the release of information relating to drug, alcohol, HIV/AIDS, and/or psychiatric treatment as specified in Volume 42 of the code of Federal Regulations Part 2. I further authorize any hospital, health care institution, or physician that attended me previously to furnish medical records including radiologic films and laboratory test results which may be requested by the Hospital or my attending physician. This constitutes my specific authorization and consent, under Alabama Statute, to release my prior medical records to Medical Center Enterprise and to my physician(s).
3. **RELEASE FROM LIABILITY FOR VALUABLES:** I have been made aware that Medical Center Enterprise provides facilities for the safekeeping of my valuables and, therefore, I release the Hospital from any responsibility due to loss or damage of my clothing, money, jewelry, glasses, dentures or other items of value that I might keep at my bedside, or that may be brought to me by my friends or relatives unless deposited with the Hospital for safekeeping.
4. **GUARANTOR/FINANCIAL AGREEMENT:** The undersigned and/or patient is entitled to Hospital and/or Physician's benefits of any type whatsoever arising out of any insurance policy or any other party liable to the patient, such benefits are hereby assigned to Medical Center Enterprise, and/or Physician having performed services for this patient during his/her stay at Medical Center Enterprise, and the Radiologist, Pathologist, Anesthesiologist and/or other attending or consulting Physicians, for application to the patient's bill. It is agreed that the Hospital and/or Physician may receipt for any such payment, and such payment will discharge the said insurance company of all obligations under the policy to the extent of such payment. The undersigned and/or patient agrees to be responsible for charges not paid by the assignment. Should the account be referred for collection, the undersigned shall pay reasonable attorney's fees and collection expense. All delinquent accounts may be assessed interest at the legal rate.
5. **ASSIGNMENT OF INSURANCE BENEFITS:** In the event the undersigned is entitled to hospital benefits of any type whatsoever arising out of any policy of insurance insuring patient of any party liable to patient, such benefits are hereby assigned to Medical Center Enterprise for application on patient's bill, and it is agreed that the Hospital may receipt any such payment and such payment shall discharge the said insurance company of any and all obligation under the policy of the extent of such payment, the undersigned and/or patient being responsible for charges not covered by assignment.
6. **PHYSICIAN INSURANCE ASSIGNMENT:** I, the above named subscriber, hereby authorize payment directly to any physician examining or treating me or any group and/or individual surgical and/or medical radiologist, anesthesiologist, pathologist, emergency room physician benefits herein specified and otherwise payable to me for the services as described but not to exceed the reasonable and customary charge for these services.
7. **NOTICE OF OCCUPATIONAL EXPOSURE:** Occasionally healthcare workers may experience exposure to your blood or body fluids. If this type of exposure occurs, it may be necessary to perform a blood test on you for the Hepatitis B Virus and the HIV (AIDS) Virus. The testing will be done in a manner intended to preserve your privacy and at no cost to you or your family. The test results will be treated as confidential medical information and will be placed in your hospital medical record. Test results will be reported to others only at your request and with your consent, or as required by law and the policies of Medical Center Enterprise.

THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS READ OR HAD THE FOREGOING INFORMATION EXPLAINED, HAS RECEIVED A COPY, AND IS THE PATIENT OR IS DULY AUTHORIZED BY THE PATIENT AS THE PATIENT'S GENERAL AGENT TO EXECUTE THE ABOVE AND ACCEPT ITS TERMS.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

"I certify that I have received a copy of Medical Center Enterprise's Notice of Privacy Practices on the date indicated."

Gyrra P. Pearson
Patient Signature

11-14-06
Date

Authority to Sign if Not Patient

ASSIGNMENT OF MEDICARE BENEFITS: PATIENT CERTIFICATION, AUTHORIZATION TO RELEASE INFORMATION AND PAYMENT REQUEST.**INITIAL BLOCK IF APPLICABLE** ☐

"I certify that the information given by me in applying for payment under XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its' intermediaries or carriers any information needed for this or a related claim. I request that payment of authorized benefits be made on my behalf. I assign the benefits payable for physicians' services or authorize such physicians or organization to submit a claim to Medicare for payment to me. I understand that I am responsible for Part A deductible for each spell of illness, the Part B deductible for each year, the remaining 20% of reasonable charges and any personal charges incurred."

ACKNOWLEDGMENT OF MEDICAID ☐

"I certify that I am a recipient of the Medicaid program, and request that payment of authorized benefits be made on my behalf. I authorize the treating physician, hospital and hospital insurance carrier to make available to the Alabama Department of the Medical Assistance requested information concerning medical, insurance and financial records relating to my hospitalization. I hereby certify all hospital insurance shall be assigned to the hospital and/or treating physician for services provided."

Gyrra P. Pearson
Patient Signature

Date

Guarantor or Guardian Signature

Date

F. H. H.
Witness

Date

EXHIBIT O

Inmate file, Incident Report dated 1/9/2005

**COFFEE COUNTY JAIL
BEN MOATES, SHERIFF
ZACK ENNIS, ADMINISTRATOR**

INCIDENT REPORT

DATE AND TIME: Sunday January 9, 2005

NATURE OF INCIDENT: Drug Paraphernalia

PLACE OF INCIDENT: 19CJ

DATE OCCURRED: January 9, 2005

TIME OCCURRED: 1645

NARRATIVE: At approximately 1645, Enterprise police officers brought in two black males. During the booking process, one of the arrestees, Cyrus Pierson, was being booked in by Officer Jeff Cramer in the computer room. Officer Christy Semonelle came into the room to use the camera and when Officer Cramer reached to hand the camera to Officer Semonelle it was discovered missing. The arrestee, Pierson, handed Officer Semonelle the camera from inside his pants (approximately 1700). Bondsman K.Z. Edwards was here to bond Pierson and Terrick Edwards out when the camera again was missing. Upon a body search of Pierson by Officer Cramer a device used to smoke crack cocaine fell out of the pants leg of Pierson (approximately 1707). The camera was discovered in the top drawer of the cabinet next to the med room by bondsman Edwards who was helping search for the camera. Officer Marcy Childs contacted Dale Grimes via link to advise him of the situation involving Pierson

at approximately 1712. Officer Grimes advised to place a hold on Pierson and he would write charges on Monday. Pierson was dressed out and secured in Cell Block 3. End of Statement.

Was an Offense Committed? Yes Was an Inmate charged? Will Be 1/10

Name of Inmate: Cyrus Pierson

Signature of Reporting Officer:

C/O Jeff Cramer

Name and Title of Reporting Officer: Jeff Cramer, Corrections Officer

Report Delivered to: Desk of Zack Ennis

Date: January 9, 2005

Time: 1900

Signature of Supervisor Receiving Report:

Janey Childs - acting supervisor

Date: 1/9/05 Time: 1900

EXHIBIT P

Inmate file, records for arrest dated 6/19/2007

Coffee County Jail
Dave Sutton Sheriff
Capt. Richard B. Moss Administrator

INTAKE SHEET

COPYDate: 6/19/07Time: 3:15 pm

Status: ST FED CITY COUNTY

COFFEE CO: Ent Div / Elba Div

Name: PIERSON CYRUS
Last First MiddleSS#: 422-23-0259Address: 707 W Adams Enterprise Al 36330
Street City State Zip CodeDOB: 09/16/86 POB: OLARK Dale Al
City County State CountryAge: 20 Race: B Sex: M Hair: BLK Eyes: BRO Weight: 160 Height: 5'10License or ID #: -U- **Cases #Arresting Agency: CCSO Arresting Officer: Dale Gonia Location of Arrest: CCJType of Arrest: Warrant ☒ Call ☐ View ☐ GJI ☐

Offense	Mis	Fel	Bond
1- <u>PROMOT PRISON CONTRA</u>		<u>X</u>	<u>\$1,500</u>
2--			
3--			
4--			

HOLDS: _____

INTAKE SHEET NUMBER

This form completed by: Dale Gonia

Booked by: _____ Searched Y/N Photo Y/N FPs Y/N Green Card Y/N

Comments: _____

_____1-1
1-1

W A R R A N T

STATE OF ALABAMA

COFFEE COUNTY

DISTRICT COURT

AGENCY NUMBER:

WARRANT NUMBER: WR 2007 000395.00

OTHER CASE NBR:

TO ANY LAWFUL OFFICER OF THE STATE OF ALABAMA:

YOU ARE HEREBY COMMANDED TO ARREST CYRUS PIERSON AND BRING
HIM/HER BEFORE THE DISTRICT COURT OF COFFEE COUNTY TO ANSWER THE STATE
ON A CHARGE(S) OF:

PROMOT PRISON CONTRA CLASS: C TYPE: F COUNTS: 001
AND HAVE YOU THEN AND THERE THIS WRIT WITH YOUR RETURN THEREON.

YOU WILL RECEIVE UNTO YOUR CUSTODY AND DETAIN HIM/HER UNTIL THE
DAY OF _____, OR UNTIL LEGALLY DISCHARGED.

DATED THIS 08 DAY OF JUNE, 2007.

BOND SET AT: {1} \$1,500.00 BOND TYPE:

{2}
{3}

COPY

JUDGE/CLERK/MAGISTRATE OF DISTRICT COURT

CHARGES: PROMOT PRISON CONTRA 13A-010-037

F FELONY

NAME: CYRUS PIERSON
ADDRESS: 707 W ADAMS
ADDRESS:
CITY: ENTERPRISE

STATE: AL

ALIAS:
ALIAS:
ZIP: 36330 0000
PHONE: 000 000 0000 EXT: 000

EMPLOYMENT:

DOB: 09/16/1986 RACE: B SEX: M HAIR: BLK
EYE: BRO HEIGHT: 5'10" WEIGHT: 160
SID: 000000000 SSN: 422230259 DL NUM:

E X E C U T I O N

EXECUTED THE WITHIN WARRANT BY ARRESTING THE DEFENDANT AND

(X) PLACING DEFENDANT IN THE COFFEE COUNTY JAIL

() RELEASING DEFENDANT ON APPEARANCE BOND

THIS 19th DAY OF June 2007

SHERIFF

BY Dale Fum

COMPLAINANT: CPT. RICHARD MOSS
C/O CCSO

ENTERPRISE AL 36330

OPERATOR: DEC

DATE: 06/08/2007

ALABAMA JUDICIAL INFORMATION SYSTEM

* * * IN THE DISTRICT COURT OF COFFEE COUNTY * * *

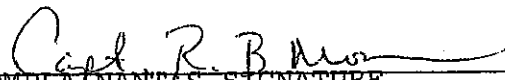
AGENCY NUMBER:

WARRANT NUMBER: WR 2007 000395.00
OTHER CASE NBR:

C O M P L A I N T

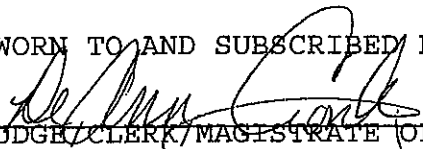
BEFORE ME THE UNDERSIGNED JUDGE/CLERK/MAGISTRATE OF THE DISTRICT COURT OF COFFEE COUNTY, ALABAMA, PERSONALLY APPEARED CPT. RICHARD MOSS WHO BEING DULY SWORN DEPOSES AND SAYS THAT HE/SHE HAS PROBABLE CAUSE FOR BELIEVING, AND DOES BELIEVE THAT CYRUS PIERSON DEFENDANT, WHOSE NAME IS OTHERWISE UNKNOWN TO THE COMPLAINANT, DID WITHIN THE ABOVE NAMED COUNTY AND

DID ON OR ABOUT JUNE 6, 2007, BEING A PERSON CONFINED IN A DETENTION FACILITY, TO-WIT: COFFEE COUNTY JAIL, HE INTENTIONALLY AND UNLAWFULLY MAKES, OBTAINS OR POSSESSES ANY NARCOTIC, DANGEROUS DRUG, OR CONTROLLED SUBSTANCE, TO-WIT: MARIJUANA, OF THE CODE OF ALABAMA, IN VIOLATION OF 13A-010-037 AGAINST THE PEACE AND DIGNITY OF THE STATE OF ALABAMA.


COMPLAINANT'S SIGNATURE



SWORN TO AND SUBSCRIBED BEFORE ME THIS THE 08 DAY OF JUNE, 2007.


JUDGE/CLERK/MAGISTRATE OF DISTRICT COURT

CHARGES: PROMOT PRISON CONTRA 13A-010-037

F FELONY

WITNESS FOR THE STATE

CPT. RICHARD MOSS/C/O CCSO/ENTERPRISE/36330

MICHAEL BRYAN/C/O CCJ/ENTERPRISE/36330

STANLEY ROBERTS/C/O CCJ/ENTERPRISE/36330

MIKE MITCHELL/C/O CCJ/ENTERPRISE/36330

OPERATOR: DEC

DATE: 06/08/2007

COFFEE COUNTY JAIL INMATE ISSUE LIST

Dave Sutton, Sheriff

Capt. Richard B. Moss, Admin.

Name of Inmate: Cyrus PiersonDate: 6-19-07Receiving Officer: Glennette Williams

ITEMS ISSUED

Item	Amount	Comments	Item Number	Handbook #
Mattress				
Blanket				
Sheet				
Towel				
Washcloth				
Laundry Bag				
Uniform	2	2007-00524P 2007-00489P	2007-011725 2007-11925	
Shower				

ANY DAMAGE DONE TO THESE ITEMS WILL RESULT IN A CHARGE AND
MUST BE PAID BEFORE RELEASE IS GRANTED.

By Signature, I agree to the terms and charges of these items.

Cyrus Pierson
Inmate

K. M. Reeves
Corrections Officer

ITEMS RETURNED

Item	Amount	Comments
Mattress		
Blanket		
Sheet		
Towel		
Washcloth		
Laundry Bag		
Uniform		
Shower Shoes		

Release Date: _____

Releasing Officer: _____

EXHIBIT Q

Inmate file, records for arrest dated 6/20/2007

Coffee County Jail
Dave Sutton Sheriff
Capt. Richard B. Moss Administrator

INTAKE SHEET

COPY

Date: 6/20/07Time: 1:05 PMStatus: ST FED CITY _____ COUNTY _____ COFFEE CO: Ent Div / Elba DivName: PERSON CYRUS SS#: 422-23-0259
Last First MiddleAddress: 707 W ADAMS Enterprise AL 36230
Street City State Zip CodeDOB: 09/16/86 POB: OLARK Dale AL _____
City County State CountryAge: 20 Race: B Sex: m Hair: Blk Eyes: Brn Weight: 160 Height: 5'10License or ID #: --- **Cases # _____Arresting Agency: CCSO Arresting Officer: Dale Gammie Location of Arrest: CCType of Arrest: Warrant ☒ Call _____ View _____ GJI _____

Offense	Mis	Fel	Bond
1-- <u>Promot Prison CONTRA</u>	<u>X</u>		<u>1500</u> <u>a</u>
2--			
3--			
4--			

HOLDS: _____

INTAKE SHEET NUMBER

This form completed by Dale Gammie

Booked by: _____ Searched Y/N _____ Photo Y/N _____ FPs Y/N _____ Green Card Y/N _____

Comments: _____

W A R R A N T

STATE OF ALABAMA

COFFEE COUNTY

DISTRICT COURT

AGENCY NUMBER:

WARRANT NUMBER: WR 2007 000397.00
OTHER CASE NBR:

TO ANY LAWFUL OFFICER OF THE STATE OF ALABAMA:

YOU ARE HEREBY COMMANDED TO ARREST CYRUS PIERSON AND BRING
HIM/HER BEFORE THE DISTRICT COURT OF COFFEE COUNTY TO ANSWER THE STATE
ON A CHARGE(S) OF:PROMOT PRISON CONTRA CLASS: B TYPE: M COUNTS: 001
AND HAVE YOU THEN AND THERE THIS WRIT WITH YOUR RETURN THEREON.YOU WILL RECEIVE UNTO YOUR CUSTODY AND DETAIN HIM/HER UNTIL THE
DAY OF _____, OR UNTIL LEGALLY DISCHARGED.

DATED THIS 08 DAY OF JUNE, 2007.

BOND SET AT: {1} \$500.00 BOND TYPE:

COPY

JUDGE/CLERK/MAGISTRATE OF DISTRICT COURT

CHARGES: PROMOT PRISON CONTRA 13A-010-038

M MISDEMEANOR

NAME: CYRUS PIERSON
ADDRESS: 707 W ADAMS
ADDRESS:
CITY: ENTERPRISE

STATE: AL

ALIAS:
ALIAS:ZIP: 36330 0000
PHONE: 000 000 0000 EXT: 000EMPLOYMENT:
DOB: 09/16/1986 RACE: B SEX: M HAIR: BLK
EYE: BRO HEIGHT: 5'10" WEIGHT: 160
SID: 000000000 SSN: 422230259 DL NUM:

E X E C U T I O N

EXECUTED THE WITHIN WARRANT BY ARRESTING THE DEFENDANT AND

(X) PLACING DEFENDANT IN THE COFFEE COUNTY JAIL

() RELEASING DEFENDANT ON APPEARANCE BOND

THIS 20th DAY OF June 2007

SHERIFF

BY Dale Finnes

COMPLAINANT: CPT. RICHARD MOSS
C/O CCSO
NEW BROCKTON AL 36351

OPERATOR: DEC DATE: 06/08/2007

ALABAMA JUDICIAL INFORMATION SYSTEM

* * IN THE DISTRICT COURT OF COFFEE COUNTY * * *

ABER:

WARRANT NUMBER: WR 2007.000397.00
OTHER CASE NBR:

C O M P L A I N T

BEFORE ME THE UNDERSIGNED JUDGE/CLERK/MAGISTRATE OF THE DISTRICT COURT OF COFFEE COUNTY, ALABAMA, PERSONALLY APPEARED CPT. RICHARD MOSS WHO BEING DULY SWORN DEPOSES AND SAYS THAT HE/SHE HAS PROBABLE CAUSE FOR BELIEVING, AND DOES BELIEVE THAT CYRUS PIERSON DEFENDANT, WHOSE NAME IS OTHERWISE UNKNOWN TO THE COMPLAINANT, DID WITHIN THE ABOVE NAMED COUNTY AND

DID ON OR ABOUT JUNE 6, 2007, BEING A PERSON CONFINED IN A DETENTION FACILITY, TO-WIT: COFFEE COUNTY JAIL, HE INTENTIONALLY AND UNLAWFULLY MAKES, OBTAINS OR POSSESSES ANY CONTRABAND, TO-WIT: TOBACCO IN VIOLATION OF 13A-010-038 OF THE CODE OF ALABAMA, AGAINST THE PEACE AND DIGNITY OF THE STATE OF ALABAMA.

Capt. R.B.L.
COMPLAINANT'S SIGNATURE

COPY

SWORN TO AND SUBSCRIBED BEFORE ME THIS THE 08 DAY OF JUNE, 2007.

[Signature]
JUDGE/CLERK/MAGISTRATE OF DISTRICT COURT

CHARGES: PROMOT PRISON CONTRA 13A-010-038

M MISDEMEANOR

WITNESS FOR THE STATE

CPT. RICHARD MOSS/C/O CCSO/NEW BROCKTON/36351

MIKE MITCHELL/C/O CCJ/NEW BROCKTON/36351

JEFF SHELTON/C/O CCSO/NEW BROCKTON/36351

AUSTIN REDMON/C/O CCSO/NEW BROCKTON/36351

NEAL BRADLEY/C/O CCSO/NEW BROCKTON/36351

OPERATOR: DEC

DATE: 06/08/2007

ALABAMA UNIFORM ARREST REPORT

Fingerprinted	RS# Completed
<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No

OFFICER'S WORK PRODUCT MAY NOT BE PUBLIC INFORMATION

IDENTIFICATION

ARREST

M-2000

RELEASE

1 ORI # 01900000		2 AGENCY NAME COFFEE COUNTY SHERIFF'S OFFICE		3 CASE # 07-06-051		4 SFX	
5 LAST, FIRST, MIDDLE NAME PIERSON, CYRUS							
7 SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		8 RACE <input type="checkbox"/> W <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> O		9 HGT. 510		10 WGT. 160	
11 EYE BRO		12 HAIR BLK		13 SKIN MED		14 <input type="checkbox"/> 1 SCARS <input type="checkbox"/> 2 MARKS <input type="checkbox"/> 3 TATTOOS <input type="checkbox"/> 4 AMPUTATIONS	
5 PLACE OF BIRTH (CITY, COUNTY, STATE) OZARK DALE AL				15 SSN 422-23-0259		17 DATE OF BIRTH 09/16/62	
20 SID #		21 FINGERPRINT CLASS KEY MAJOR PRIMARY SCDV SUB-SECONDARY FINAL				22 DL #	
24 FBI #		HENRY CLASS				23 ST	
26 <input checked="" type="checkbox"/> RESIDENT <input type="checkbox"/> NON-RESIDENT		27 HOME ADDRESS (STREET, CITY, STATE, ZIP) 707 W ADAMS STR ENTERPRISE				28 RESIDENCE PHONE	
30 EMPLOYER (NAME OF COMPANY/SCHOOL)				31 BUSINESS ADDRESS (STREET, CITY, STATE)			
32 BUSINESS PHONE							
33 LOCATION OF ARREST (STREET, CITY, STATE, ZIP) CC JAIL				34 SECTOR		35 ARRESTED FOR YOUR JURISDICTION <input checked="" type="checkbox"/> IN STATE <input type="checkbox"/> OUT STATE AGENCY	
36 CONDITION OF ARRESTEE <input type="checkbox"/> DRUNK <input checked="" type="checkbox"/> SOBER <input type="checkbox"/> DRINKING <input type="checkbox"/> DRUGS		37 RESIST ARREST? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		38 INJURIES? <input type="checkbox"/> 1 NONE <input type="checkbox"/> 2 OFFICER <input type="checkbox"/> 3 ARRESTEE		39 ARMED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
41 DATE OF ARREST 06/19/07		42 TIME OF ARREST 315		43 DAY OF ARREST S M T W T F S		44 TYPE ARREST <input checked="" type="checkbox"/> ON VIEW <input type="checkbox"/> CALL <input type="checkbox"/> WARRANT	
45 ARRESTED BEFORE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		46 CHARGE-1 <input checked="" type="checkbox"/> FEL <input type="checkbox"/> MISD PROMOTING PRISON CONTRA		47 UCR CODE		48 CHARGE-2 <input type="checkbox"/> FEL <input type="checkbox"/> MISD	
49 UCR CODE		50 STATE CODE/LOCAL ORDINANCE 13A-10-38		51 WARRANT # WR-07-395		52 DATE ISSUED 06/08/07	
53 STATE CODE/LOCAL ORDINANCE		54 WARRANT #		55 DATE ISSUED			
56 CHARGE-3 <input type="checkbox"/> FEL <input type="checkbox"/> MISD		57 UCR CODE		58 CHARGE-4 <input type="checkbox"/> FEL <input type="checkbox"/> MISD		59 UCR CODE	
60 STATE CODE/LOCAL ORDINANCE		61 WARRANT		62 DATE ISSUED		63 STATE CODE/LOCAL ORDINANCE	
64 WARRANT #		65 DATE ISSUED		66 ARREST DISPOSITION <input checked="" type="checkbox"/> HELD <input type="checkbox"/> TOT-LE <input type="checkbox"/> BAIL <input type="checkbox"/> OTHER <input type="checkbox"/> RELEASED		67 IF OUT ON RELEASE WHAT TYPE?	
68 ARRESTED WITH (1) ACCOMPLICE (FULL NAME)		69 ARRESTED WITH (2) ACCOMPLICE (FULL NAME)					
70 VYR		71 VMA		72 VMO		73 VST	
74 VCO TOP		75 TAG #		76 LIS		77 LIY	
78 IMPOUNDED? <input type="checkbox"/> YES <input type="checkbox"/> NO		80 STORAGE LOCATION/IMPOUND #					
81 OTHER EVIDENCE SEIZED/PROPERTY SEIZED							
82 JUVENILE <input type="checkbox"/> HANDLED AND RELEASED <input type="checkbox"/> REF TO WELFARE AGENCY <input type="checkbox"/> REF. TO ADULT COURT DISPOSITION: <input type="checkbox"/> REF. TO JUVENILE COURT <input type="checkbox"/> REF TO OTHER POLICE AGENCY							
83 RELEASED TO							
84 PARENT OR GUARDIAN (LAST FIRST, MIDDLE NAME)				85 ADDRESS (STREET, CITY, STATE, ZIP)		86 PHONE	
87 PARENTS EMPLOYER				88 OCCUPATION		89 ADDRESS (STREET, CITY, STATE, ZIP)	
90 PHONE							
91 DATE AND TIME OF RELEASE M D Y 1 AM 3 PM		92 RELEASING OFFICER NAME		93 AGENCY/DIVISION		94 ID #	
95 RELEASED TO		96 AGENCY/DIVISION		97 AGENCY ADDRESS			
98 PERSONAL PROPERTY RELEASED TO ARRESTEE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PARTIAL		99 PROPERTY NOT RELEASED/HELD AT:		100 PROPERTY			
SUBJECT ARRESTED ON LISTED CHARGE WITHOUT INCIDENT							
102 SIGNATURE OF RECEIVING OFFICER							
103 SIGNATURE OF RELEASING OFFICER							
104 CASE #							
105 SFX							
106 CASE #							
107 SFX							
108 CASE #							
109 SFX							
110 ADDITIONAL CASES CLOSED <input type="checkbox"/> Y <input type="checkbox"/> N							
111 ARRESTING OFFICER (LAST, FIRST, M) DALE GRIMES		112 ID# 1906		113 ARRESTING OFFICER (LAST, FIRST, M)		114 ID#	
115 SUPERVISOR ID #		116 WATCH CMDR ID #					

TYPE OR PRINT IN BLACK INK ONLY

ACJC-34 REV. 10-90

EXHIBIT R

Affidavit of Jeffrey Shelton

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
SOUTHERN DIVISION**

CYRUS DESMOND PIERSON,)	
)	
Plaintiff,)	
)	
v.)	Civil Action No. 1:07-cv-451-WKW-WC
)	
JEFF SHELTON of the COFFEE COUNTY SHERIFF'S DEPARTMENT,)	
)	
Defendant.)	

AFFIDAVIT OF JEFFERY W. SHELTON

STATE OF ALABAMA)
)
COUNTY OF COFFEE)

BEFORE ME, the undersigned authority and Notary Public in and for said County and State at large, personally appeared Jeffery W. Shelton, who being known to me and being by me first duly sworn on oath deposes and says as follows:

1. My name is Jeffery W. Shelton. I am over the age of nineteen and competent to make this affidavit.

2. I am a deputy with the rank of sergeant in the Coffee County Sheriff's Department. I have served in that capacity for six months. Prior to that I served with the Elba, Alabama Police Department as an officer for over four years. Prior to that I was with the New Brockton, Alabama Police Department for approximately two years. I also served in the Birmingham, Alabama Police Department for approximately eight years. Prior to that I was with the Decatur, Alabama Police Department for approximately three years. I have nearly 18 years in law enforcement.

3. I read the Plaintiff's complaints in this matter and have personal knowledge of the facts underlying the Plaintiff's claims.

4. On approximately April 20, 2007, I participated in a search of Cell Block 2 at the Coffee County Jail. The search was conducted because the inmates were caught attempting to pass marijuana from one cell block to another. Two inmates, one of whom was believed to be the Plaintiff, attempted to pass the marijuana in a book from one cell block to another by sliding it on the floor under the door. The book stopped prior to reaching the other cell block and was found by one of the corrections officers.

5. Approximately ten to twelve officers participated in the search. Two of the officers were K-9 officers from the Opp and Enterprise Police Departments.

6. There were approximately 40 to 50 inmates in the cell block.

7. The Plaintiff was in Cell Block 2 and was housed on the first the floor of the two floor block.

8. In February 2007, I personally participated in a search of the jail that resulted in at least one shank being discovered and removed from Cell Block 2.

9. During the search I was armed with a 12 gauge shotgun that is only used to fire bean bag rounds.

10. In approximately 2004 I attended a Tactical Shotgun Instructor Development Course. One day of the instruction was dedicated to non-lethal rounds such as bean bags. This training certified me as a user and instructor for tactical shotgun – including less-than-lethal rounds.

11. The search was conducted by removing the inmates from the cells one cell at a time and running the K-9 unit through the cell. If the dog alerted, the cell was given a more thorough search by the officers.

12. While the search was going on, the Plaintiff attempted continuously to incite the other inmates. The Plaintiff was yelling profanity and getting the other inmates to make a lot of noise. The Plaintiff's efforts were making it difficult for the officers to communicate with one another and complete the search.

13. The Plaintiff was told numerous times to be quiet and stop trying to incite the other inmates.

14. The Plaintiff refused to obey these orders.

15. Finally, while I was participating in a search of the top floor of the cell block, I went downstairs to speak to the Plaintiff.

16. I asked the Plaintiff again to be quiet, stop inciting the other inmates, and allow us to do our jobs.

17. The Plaintiff responded, "fuck you".

18. I told him that he did not need to do it again.

19. The Plaintiff again refused. He told me that I would not do anything to him because I was already being sued.

20. I handed my shotgun to Investigator Tony Harrison.

21. I had control open the Plaintiff's door and ordered him to come out. My intent was to give the Plaintiff one more chance to comply and if he failed to do so, arrest him.

22. When the Plaintiff came out of the cell, I again told him to remain quiet and let us to our jobs.

23. The Plaintiff cursed me again. And turned away.

24. At that point I attempted to touch the Plaintiff on the arm in order to get his attention.

25. The Plaintiff snatched his arm away. I did not know what the Plaintiff was attempting to do, so I grabbed him by his shirt sleeve at the shoulder to maintain control over him.

26. I told the Plaintiff, "I mean what I say".

27. He responded, "yes, sir."

28. I released the Plaintiff and allowed him to return to his cell.

29. I had no other interaction with the Plaintiff that night and the Plaintiff ceased his efforts to interfere with our search.

30. At no time did I use profanity towards the Plaintiff or any other inmate.

31. At no time did I choke the Plaintiff.

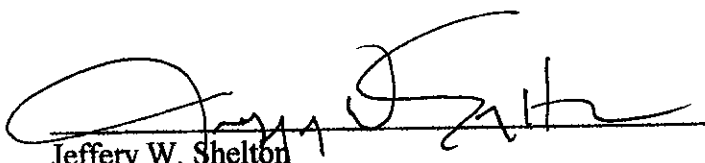
32. The Plaintiff did not sustain any injury whatsoever and he did not request medical treatment.

33. The search of the cell block turned up contraband including rolling papers, tobacco, and other items.

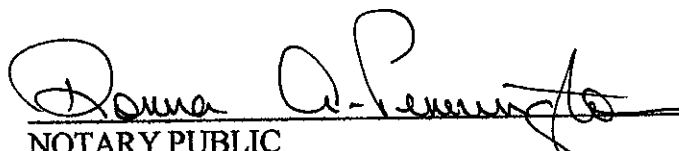
34. The Plaintiff was arrested on June 20, 2007, for promoting prison contraband. He was caught with marijuana stashed between his toes.

35. I swear, to the best of my present knowledge and information that the above statements are true, that I am competent to make this affidavit, and that the above statements were made by drawing from my personal knowledge of the situation.

Executed on this the 22nd day of June, 2007.


Jeffery W. Shelton

SWORN TO and **SUBSCRIBED** before me this 22nd day of June, 2007.


NOTARY PUBLIC

My Commission Expires: March 4, 2008

EXHIBIT S

Affidavit of Jason Ballard

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
SOUTHERN DIVISION**

CYRUS DESMOND PIERSON,

Plaintiff,

v.

**JEFF SHELTON of the COFFEE
COUNTY SHERIFF'S DEPARTMENT,**

Defendant.

Civil Action No. 1:07-cv-451-WKW

AFFIDAVIT OF JASON BALLARD

STATE OF ALABAMA

COUNTY OF COFFEE

BEFORE ME, the undersigned authority and Notary Public in and for said County and State at large, personally appeared Jason Ballard, who being known to me and being by me first duly sworn on oath deposes and says as follows:

1. My name is Jason Ballard. I am over the age of nineteen and competent to make this affidavit.

2. I am a deputy with the Covington County Sheriff's Department. I am a canine handler for the Sheriff's Department.

3. I read the Plaintiff's complaints in this matter and have personal knowledge of the facts underlying the Plaintiff's claims.

4. On approximately April 20, 2007, I participated in a search of the Coffee County Jail. I was asked to assist because I am a drug dog handler, and Coffee County did not have a drug dog at the time.

5. Approximately ten to twelve officers participated in the search.

6. There were approximately 40 to 50 inmates in the cell block.

7. The search was conducted by removing the inmates from the cells and running my dog through the cells. If the dog alerted, the cell was given a more thorough search by the other officers.

8. After I was finished, I observed a black male inmate who was obviously running his mouth, but I could not hear what he was saying.

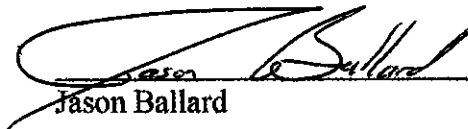
9. I observed a Coffee County deputy with a shotgun approach the black male. I could tell that the two were exchanging words, but I could not hear what was being said.

10. After a short period of time, the black male inmate turned away from the deputy and returned to his cell. The Coffee County deputy followed him into the cell.


11. At no time did I observe the deputy place his hands on the inmate.

12. I swear, to the best of my present knowledge and information that the above statements are true, that I am competent to make this affidavit, and that the above statements were made by drawing from my personal knowledge of the situation.

Executed on this the 17th day of July, 2007.


Jason Ballard

SWORN TO and **SUBSCRIBED** before me this 17 day of July, 2007.


NOTARY PUBLIC

My Commission Expires: 1-29-09

EXHIBIT T

Affidavit of Richard Moss

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
SOUTHERN DIVISION**

CYRUS DESMOND PIERSON,

Plaintiff,

v.

**JEFF SHELTON of the COFFEE
COUNTY SHERIFF'S DEPARTMENT,**

Defendant.

Civil Action No. 1:07-cv-451-WKW

AFFIDAVIT OF RICHARD B. MOSS

STATE OF ALABAMA

COUNTY OF COFFEE

BEFORE ME, the undersigned authority and Notary Public in and for said County and State at large, personally appeared Richard B. Moss, who being known to me and being by me first duly sworn on oath deposes and says as follows:

1. My name is Richard B. Moss. I am over the age of nineteen and competent to make this affidavit.

2. I am the Jail Administrator of the Coffee County Jail. I have served in this position for over five months. Prior to becoming the Jail Administrator, I was a police officer with the Elba, Alabama Police Department for two years. Prior to that I served as a police officer with the Town of River Falls, Alabama Police Department for approximately five years. I have a total of seven and one-half years of law enforcement experience.

3. I read the Plaintiff's complaints in this matter and have personal knowledge of the facts underlying the Plaintiff's claims.

4. It is the policy of the Coffee County Jail that an inmate with a grievance may request a grievance form from any corrections officer at any time. The grievance form can then be returned completed to any corrections officer. The corrections officers are tasked with the job of attempting to respond to the grievance if possible. If they cannot, the grievance is passed on to me.

5. If I am unable to handle the grievance, we conduct a grievance hearing. The grievance/disciplinary committee consists of myself, Chief Deputy Ronnie Whitworth, and Deputy Neal Bradley.

6. Copies of grievance forms are kept in the inmate's file.


7. At no time has the Plaintiff ever filed a grievance related to the incident in his Complaint.

8. Additionally, the Plaintiff has never requested medical attention for any supposed injuries arising out of the incident set forth in his Complaint.

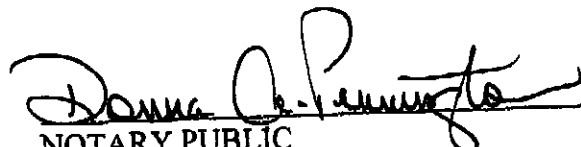
9. Attached to the Defendants' Special Report are true and correct copies of the Plaintiff's inmate and medical records. These records are prepared and kept in the regular course of business of the Coffee County Jail.

10. I swear, to the best of my present knowledge and information that the above statements are true, that I am competent to make this affidavit, and that the above statements were made by drawing from my personal knowledge of the situation.

Executed on this the 18 day of July, 2007.


Richard B. Moss

SWORN TO and **SUBSCRIBED** before me this 18th day of July, 2007.


NOTARY PUBLIC

My Commission Expires: March 4, 2008

EXHIBIT U

**Remainder of Plaintiff's Inmate Medical File not otherwise
attached as a separate exhibit**

Piereson, Cyrus D.
Phenytoin 500 Ext 100mg cap
1 cap x 3 Daily

COFFEE COUNTY JAIL

ACA STANDARD FORM 2-2133

MEDICATION SHEET

CB 2

FEDERAL

STATE

COUNTY

CITY

DATE	YR	TIME ISSUED	AMOUNT ISSUED	INMATE'S SIGNATURE	OFFICER'S SIGNATURE
1-11	04	1800	1 cap	Cyrus Piereson <u>Xyrus Piereson</u>	<u>Anderson</u>
1-11	04	2200	1 cap	<u>Cyrus Piereson</u>	<u>W. Olcott</u>
1-12	05	0500	1 cap	<u>Cyrus Piereson</u>	<u>W. Olcott</u>
1-12	05	1200	1 cap	<u>Cyrus Piereson</u>	<u>W. Olcott</u>
1-12	05	1800	1 cap	<u>Cyrus Piereson</u>	<u>W. Olcott</u>
1-13	05	0200	1 cap	<u>Cyrus Piereson</u>	<u>W. Olcott</u>
1-13	05	1000	1 cap	<u>Cyrus Piereson</u>	<u>W. Olcott</u>
1-13	05	1800	1 cap	<u>Cyrus Piereson</u>	<u>W. Olcott</u>
1-14	05	0500	1 cap	<u>Cyrus Piereson</u>	<u>W. Olcott</u>
1-14	05	1200	1 cap	<u>Cyrus Piereson</u>	<u>W. Olcott</u>
1-14	05	1800	1 cap	<u>Cyrus Piereson</u>	<u>W. Olcott</u>
1-15	05	0500	1 cap	<u>Cyrus Piereson</u>	<u>W. Olcott</u>
1-15	05	1200	1 cap	<u>Cyrus Piereson</u>	<u>W. Olcott</u>
1-15	05	1800	1 cap	<u>Cyrus Piereson</u>	<u>W. Olcott</u>

DATE IN FOR REFILL

DATE REFILLED

DATE MED OUT w/NO REFILL

30 + 16

COFFEE COUNTY JAIL

ACA STANDARD FORM 2-2133

MEDICATION SHEET

CB

FEDERAL

STATE

COUNTY

CITY

Cyrus Piersen
 1 cap 3 Xaday
 100mg

Boyle

DATE	YR	TIME ISSUED	AMOUNT ISSUED	INMATE'S SIGNATURE	OFFICER'S SIGNATURE
1-16	2005	0500	1 cap	Mr. Piersen	(Signature)
1-16	2005	1200	1 cap	Mr. Piersen	(Signature)
1-16	2005	1800	1 cap	Mr. Piersen	(Signature)
1-17	2005	0500	1 cap	Mr. Piersen	(Signature)
1-17	2005	1200	1 cap	Mr. Piersen	(Signature)
1-17	2005	1800	1 cap	Mr. Piersen	(Signature)
1/18	05	0500	1 cap	Cyrus Piersen	(Signature)
1/18	05	1200	1 cap	Cyrus Piersen	(Signature)
1/18	05	1800	1 cap	Cyrus Piersen	(Signature)
1/19	05	0500	1 cap	Mr. Piersen	(Signature)
1/19	05	1200	1 cap	Cyrus Piersen	(Signature)
1/19	05	1800	1 cap	Cyrus Piersen	(Signature)
1-20	2005	0500	1 cap	(Signature)	(Signature)
1-20	2005	1200	1 cap	(Signature)	(Signature)
1-20	2005	1800	1 cap	(Signature)	(Signature)

DATE IN FOR REFILL

DATE REFILLED

DATE MED OUT w/NO REFILL

NAME: Cyrus Pierson		COFFEE COUNTY JAIL		FEDERAL:
MEDICATION: Phenytoin 100 mg (Dilantin)		ACA STANDARD FORM 2-2133		STATE:
R/X INSTRUCTIONS: 1 cap 3 x a day		MEDICATION SHEET		COUNTY:
DATE IHS 05/12/05		CELLBLOCK 2		CITY:

DATE	YR	TIME ISSUED	AMT. ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
1-20	2005	0500	1 cap	Cyrus Pierson	E. Heled	SL
1-20	2005	1200	1 cap	Cyrus Pierson	D. Green	SL
1-20	2005	1800	1 cap	Cyrus Pierson	Carachine	SL
1-21	2005	0500	1 cap	Cyrus Pierson	Col	Stan
1-21	2005	1200	1 cap	Cyrus Pierson	D. Green	Stan
1-21	2005	1800	1 cap	Cyrus Pierson	C. Heled	Stan
1-22	2005	0500	1 cap	Cyrus Pierson	S. Roberts	IHS
1-22	2005	1200	1 cap	Cyrus Pierson	(C. Heled)	IHS
1-22	2005	1800	1 cap	Cyrus Pierson	R. Col	IHS
1-23	2005	0500	1 cap	Cyrus Pierson	Talbert	IHS
1-23	2005	1200	1 cap	Cyrus Pierson	(C. Heled)	IHS
1-23	2005	1800	1 cap	Cyrus Pierson	D. Green	IHS
1-24	2005	0500	1 cap	Cyrus Pierson	Heled	IHS
1-24	2005	1200	1 cap	Cyrus Pierson	D. Green	IHS
1-24	2005	1800	1 cap	Cyrus Pierson	Heled	IHS
XXXX	2005	XXXXXX	XXXXXX	NEW MED SHEET REQUIRED	XXXXXXXXXXXXXXXXXX	XXXXXX

DATE IN FOR REFILL _____ DATE REFILLED _____ DATE MED OUT w/NO REFILL _____

NAME: Cyrus Pierson	COFFEE COUNTY JAIL	FEDERAL:
MEDICATION: Phenytoin 100 mg (Dilantin)	ACA STANDARD FORM 2-2133	STATE:
R/X INSTRUCTIONS: 1 cap 3 x a day	MEDICATION SHEET	COUNTY:
PHEN IHS	CELLBLOCK 2	CITY:

DATE	YR	TIME ISSUED	AMT. ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
1/25	2005	0500	1 cap	Cyrus Pierson	C.L.B.	IHS
1/25	2005	1200	1 cap	Cyrus Pierson	D. Cooper	IHS
1/25	2005	1800	1 cap	Cyrus Pierson	Thompson	IHS
1/26	2005	0500	1 cap	Cyrus Pierson	C.D.	IHS
1/26	2005	1200	1 cap	Cyrus Pierson	Money	IHS
1/26	2005	1800	1 cap	Cyrus Pierson	Thompson	IHS
1-27	2005	0500	1 cap	C.P.	B. Cole	IHS
1-27	2005	1200	1 cap	C.P.	Money	IHS
1-27	2005	1800	1 cap	C.P.	Thompson	IHS
1-28	2005	0500	1 cap	A. Lebed	E. Chellie	IHS
1-28	2005	1200	1 cap	C.P.	S. R. Roberts	IHS
1-28	2005	1800	1 cap	C.P.	C. R. D.	IHS
1-29	2005	0500	1 cap	C.P.	R. Cole	IHS
1-29	2005	1200	1 cap	C.P.	Money	IHS
1-29	2005	1800	1 cap	C.P.	Thompson	IHS
XXXX	2005	XXXXXX	XXXXXX	NEW MED SHEET REQUIRED	XXXXXXXXXXXXXXXXXXXX	XXXXXX

DATE IN FOR REFILL _____ DATE REFILLED _____ DATE MED OUT W/NO REFILL _____

NAME: Cyrus Pierson		COFFEE COUNTY JAIL		FEDERAL:
MEDICATION: Phenytoin 100 mg (Dilantin)		ACA STANDARD FORM 2-2133		STATE:
R/X INSTRUCTIONS: 1 cap 3 x a day		MEDICATION SHEET		COUNTY:
IHS		CELLBLOCK 2		CITY:

DATE	YR	TIME ISSUED	AMT. ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
1-30	2005	0500	1 cap	C.P.	C. Helber	IHS
1-30	2005	1200	1 cap	C.P.	Robert	IHS
1-30	2005	1800	1 cap	C.P.	C. Helber	IHS
1-31	2005	0500	1 cap	C.P.	C. Helber	IHS
1-31	2005	1200	1 cap	C.P.	C. Helber	IHS
1-31	2005	1800	1 cap	C.P.	C. Helber	IHS
2-01	2005	0500	1 cap	Cyrus Pierson	Andra	IHS
2-01	2005	1200	1 cap	Cyrus Pierson	Andra	IHS
2-01	2005	1800	1 cap	C.P.	Andra	IHS
2-02	2005	0500	1 cap	C.P.	Andra	IHS
2-02	2005	1200	1 cap	C.P.	Andra	IHS
2-02	2005	1800	1 cap	C.P.	Andra	IHS
2-03	2005	0500	1 cap	C.P.	Andra	IHS
2-03	2005	1200	1 cap	C.P.	Andra	IHS
2-03	2005	1800	1 cap	C.P.	Andra	IHS
XXXX	2005	XXXXXX	XXXXXX	NEW MED SHEET REQUIRED	XXXXXXXXXXXXXXXXXXXX	XXXXXX

DATE IN FOR REFILL _____ DATE REFILLED _____ DATE MED OUT w/NO REFILL _____

NAME: Cyrus Pierson		COFFEE COUNTY JAIL		FEDERAL:
MEDICATION: Phenytoin 100 mg (Dilantin)		ACA STANDARD FORM 2-2133		STATE:
R/X INSTRUCTIONS: 1 cap 3 x a day		MEDICATION SHEET		COUNTY:
IHS		CELLBLOCK 2		CITY:

DATE	YR	TIME ISSUED	AMT. ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
2-4	2005	0500	1 cap	C.P.	R. Cole	IHS
2-4	2005	1200	1 cap	C.P.	D. Green	IHS
2-4	2005	1800	1 cap	C.P.	R. Cole	IHS
2-5	2005	0500	1 cap	C.P.	Money	IHS
2-5	2005	1200	1 cap	C.P.	Ward	IHS
2-5	2005	1800	1 cap	C.P.	E. Helms	IHS
2-6	2005	0500	1 cap	C.P.	R. Cole	IHS
2-6	2005	1200	1 cap	Refuse	R. Cole	IHS
2-6	2005	1800	1 cap	Refuse	R. Cole	IHS
2-7	2005	0500	1 cap	C.P.	S. B. B. B.	IHS
2-7	2005	1200	1 cap	C.P.	Ward	IHS
2-7	2005	1800	1 cap	C.P.	E. Helms	IHS
2-8	2005	0500	1 cap	C.P.	Ward	IHS
2-8	2005	1200	1 cap	C.P.	E. Helms	IHS
2-8	2005	1800	1 cap	C.P.	Ward	IHS
XXXX	2005	XXXXXXX	XXXXXXX	NEW MED SHEET REQUIRED	XXXXXXXXXXXXXXXXXXXX	XXXXXXX

DATE IN FOR REFILL _____

DATE REFILLED _____

DATE MED OUT w/NO REFILL _____

NAME: Cyrus Pierson		COFFEE COUNTY JAIL		FEDERAL:
MEDICATION: Phenytoin 100 mg (Dilantin)		ACA STANDARD FORM 2-2133		STATE:
R/X INSTRUCTIONS: 1 cap 3 x a day		MEDICATION SHEET		COUNTY:
2/19 IHS		CELLBLOCK 2		CITY:

DATE	YR	TIME ISSUED	AMT. ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
2/19	2005	0500	1 cap	C.P.	W. Penhela	IHS
2/19	2005	1200	1 cap	R. F. Fitch	S. B. Roberts	IHS
2/19	2005	1800	1 cap			IHS
2/10	2005	0500	1 cap	C.P.	C. H. H. H.	IHS
2/10	2005	1200	1 cap			IHS
2/10	2005	1800	1 cap			IHS
	2005	0500	1 cap			IHS
	2005	1200	1 cap			IHS
	2005	1800	1 cap			IHS
	2005	0500	1 cap			IHS
	2005	1200	1 cap			IHS
	2005	1800	1 cap			IHS
	2005	0500	1 cap			IHS
	2005	1200	1 cap			IHS
	2005	1800	1 cap			IHS
	2005	0500	1 cap			IHS
	2005	1200	1 cap			IHS
	2005	1800	1 cap			IHS
XXXX	2005	XXXXXX	XXXXXX	NEW MED SHEET REQUIRED	XXXXXXXXXXXXXXXXXXXX	XXXXXX

DATE IN FOR REFILL _____ DATE REFILLED _____ DATE MED OUT w/NO REFILL _____

Chad P. Reed

TAMPAH 75 NO

1790 2x Daily

COFFEE COUNTY JAIL

ACA STANDARD FORM 2-2133

MODIFICATION SHEET

20

THE

STYLS

COUNTY

A.I.R.C.

INMATE'S SIGNATURE

OFFICER'S SIGNATURE

DATE FOR REFILL

DATE

THEY CAN LOSE THEM

(2)

NAME: Cyrus Pierson	COFFEE COUNTY JAIL	FEDERAL:
MEDICATION: Tamiflu 75 mg	ACA STANDARD FORM 2-2133	STATE:
R/X INSTRUCTIONS: 1 tab 2 x a day	MEDICATION SHEET	COUNTY:
IHS	CELLBLOCK 2	CITY:

DATE	YR	TIME ISSUED	AMT. ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
3-13	2005	0500	1 cap	Cyrus Pierson	E. Helbert	IHS
3-13	2005	1800	1 cap	Cyrus Pierson	E. Helbert	IHS
3-14	2005	0500	1 cap	Cyrus Pierson	E. Helbert	IHS
3-14	2005	1800	1 cap	Cyrus Pierson	E. Helbert	IHS
3-15	2005	0500	1 cap	Cyrus Pierson	W. Helbert	IHS
3-15	2005	1800	1 cap	Cyrus Pierson	E. Helbert	IHS
3-16	2005	0500	1 cap	Cyrus Pierson	E. Helbert	IHS
3-16	2005	1800	1 cap	Cyrus Pierson	E. Helbert	IHS
3-17	2005	0500	1 cap	Cyrus Pierson	E. Helbert	IHS
3-17	2005	1800	1 cap	Cyrus Pierson	E. Helbert	IHS
	2005	0500	1 cap	Cyrus Pierson	E. Helbert	IHS
	2005	1800	1 cap	Cyrus Pierson	E. Helbert	IHS
	2005	0500	1 cap	Cyrus Pierson	E. Helbert	IHS
	2005	1800	1 cap	Cyrus Pierson	E. Helbert	IHS
	2005	0500	1 cap	Cyrus Pierson	E. Helbert	IHS
	2005	1800	1 cap	Cyrus Pierson	E. Helbert	IHS

DATE IN FOR REFILL

DATE REFILLED

DATE MED OUT w/NO REFILL

3-17-2005

NAME: Cyrus Pierson		COFFE COUNTY JAIL		FEDERAL:
MEDICATION: Phenytoin 100 mg (Dilantin)		ACA STANDARD FORM 2-2133		STATE:
R/X INSTRUCTIONS: 1 cap 3 x a day		MEDICATION SHEET		COUNTY:
IHS		CELLBLOCK 2		CITY:

DATE	YR	TIME ISSUED	AMT. ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
3-13	2005	0500	1 cap	Cyrus Pierson	Z. Keenan	IHS
3-13	2005	1200	1 cap	Cyrus Pierson	W. Keenan	IHS
3-13	2005	1800	1 cap	Cyrus Pierson	W. Keenan	IHS
3-14	2005	0500	1 cap	Cyrus Pierson	W. Keenan	IHS
3-14	2005	1200	1 cap	Cyrus Pierson	W. Keenan	IHS
3-14	2005	1800	1 cap	Cyrus Pierson	W. Keenan	IHS
3-15	2005	0500	1 cap	Cyrus Pierson	W. Keenan	IHS
3-15	2005	1200	1 cap	Cyrus Pierson	W. Keenan	IHS
3-15	2005	1800	1 cap	Cyrus Pierson	W. Keenan	IHS
3-16	2005	0500	1 cap	Cyrus Pierson	W. Keenan	IHS
3-16	2005	1200	1 cap	Cyrus Pierson	W. Keenan	IHS
3-16	2005	1800	1 cap	Cyrus Pierson	W. Keenan	IHS
3-17	2005	0500	1 cap	Cyrus Pierson	W. Keenan	IHS
3-17	2005	1200	1 cap	Cyrus Pierson	W. Keenan	IHS
3-17	2005	1800	1 cap	Cyrus Pierson	W. Keenan	IHS
XXXX	2005	XXXXXX	XXXXXX	NEW MED SHEET REQUIRED	XXXXXXXXXXXXXXXXXXXX	XXXXXX

DATE IN FOR REFILL

DATE REFILLED

DATE MED OUT w/NO REFILL

2

NAME: Cyrus Pierson		COFFEE COUNTY JAIL		FEDERAL:
MEDICATION: Phenytoin 100 mg (Dilantin)		ACA STANDARD FORM 2-2133		STATE:
R/X INSTRUCTIONS: 1 cap 3 x a day		MEDICATION SHEET		COUNTY:
IHS		CELLBLOCK 2	2	CITY:

DATE	YR	TIME ISSUED	AMT. ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
3-18	2005	0500	1 cap	Cyrus Pierson	R. Cole	IHS
3-18	2005	1200	1 cap	Cyrus Pierson	Mooney	IHS
3-18	2005	1800	1 cap	Cyrus Pierson	McGough	IHS
3-19	2005	0500	1 cap	Cyrus Pierson	E. Heller	IHS
3-19	2005	1200	1 cap	Cyrus Pierson	McGough	IHS
3-19	2005	1800	1 cap	Cyrus Pierson	Clark	IHS
3-20	2005	0500	1 cap	Cyrus Pierson	R. Cole	IHS
3-20	2005	1200	1 cap	Cyrus Pierson	M. Tolbert	IHS
3-20	2005	1800	1 cap	Cyrus Pierson	W. P. P.	IHS
3-21	2005	0500	1 cap	Cyrus Pierson	C. P. P.	IHS
3-21	2005	1200	1 cap	Cyrus Pierson	D. Cooper	IHS
3-21	2005	1800	1 cap	Cyrus Pierson	Anderson	IHS
3-22	2005	0500	1 cap	Cyrus Pierson	C. L. P.	IHS
3-22	2005	1200	1 cap	Cyrus Pierson	D. Cooper	IHS
3-22	2005	1800	1 cap	Cyrus Pierson	Anderson	IHS
XXXX	2005	XXXXXX	XXXXXX	NEW MED SHEET REQUIRED	XXXXXXXXXXXXXXXXXXXX	XXXXXX

DATE IN FOR REFILL _____ DATE REFILLED _____ DATE MED OUT w/NO REFILL _____

NAME: Cyrus Pierson	COFFEE COUNTY JAIL	FEDERAL:
MEDICATION: Cephalixin 500 mg	ACA STANDARD FORM 2-2133	STATE:
R/X INSTRUCTIONS: 1 cap 4 x a day	MEDICATION SHEET	COUNTY:
IHS	CELLBLOCK 2	CITY:

DATE	YR	TIME ISSUED	AMT. ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
3-17	2005	0500	1 cap	Cyrus Pierson	E. H. Bell	IHS
3-17	2005	1200	1 cap	Cyrus Pierson	D. G. G. G.	IHS
3-17	2005	1800	1 cap	Cyrus Pierson	Thompson	IHS
3-17	2005	2200	1 cap	Cyrus Pierson	M. J. O'Brien	IHS
3-18	2005	0500	1 cap	Cyrus Pierson	R. C. G.	IHS
3-18	2005	1200	1 cap	Cyrus Pierson	M. G. P.	IHS
3-18	2005	1800	1 cap	Cyrus Pierson	McComick	IHS
3-18	2005	2200	1 cap	Cyrus Pierson	E. H. Bell	IHS
3-19	2005	0500	1 cap	Cyrus Pierson	McComick	IHS
3-19	2005	1200	1 cap	Cyrus Pierson		IHS
3-19	2005	1800	1 cap	Cyrus Pierson	(C. G. G.)	IHS
3-19	2005	2200	1 cap	Cyrus Pierson	G. G. G.	IHS
3-20	2005	0500	1 cap	Cyrus Pierson	R. C. G.	IHS
3-20	2005	1200	1 cap	Cyrus Pierson	M. J. O'Brien	IHS
3-20	2005	1800	1 cap	Cyrus Pierson	C. G. G.	IHS
3-20	2005	2200	1 cap	Cyrus Pierson		IHS

DATE IN FOR REFILL _____ DATE REFILLED _____ DATE MED OUT W/NO REFILL _____

NAME: Cyrus Pierson **COFFEE COUNTY JAIL** **FEDERAL:**

MEDICATION: Cephalixin 500 mg **ACA STANDARD FORM 2-2133** **STATE:**

R/X INSTRUCTIONS: 1 cap 4 x a day **MEDICATION SHEET** **COUNTY:**

IHS **CELLBLOCK 2** **CITY:**

DATE	YR	TIME ISSUED	AMT. ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
	2005	0500	1 cap	Cyrus Pierson	<i>C. Heller</i>	IHS
3-21-05	2005	1200	1 cap	Cyrus Pierson	<i>D. Cooper</i>	IHS
3-21-05	2005	1800	1 cap	Cyrus Pierson	<i>P. Hudson</i>	IHS
3-21-05	2005	2200	1 cap	Cyrus Pierson	<i>P. Hudson</i>	IHS
3/22	2005	0500	1 cap	Cyrus Pierson	<i>C. Heller</i>	IHS
3/22	2005	1200	1 cap	Cyrus Pierson	<i>C. Heller</i>	IHS
3/22	2005	1800	1 cap	Cyrus Pierson	<i>D. Cooper</i>	IHS
3/22	2005	2200	1 cap	Cyrus Pierson	<i>P. Hudson</i>	IHS
3/23	2005	0500	1 cap	Cyrus Pierson	<i>P. Hudson</i>	IHS
3/23	2005	1200	1 cap	Cyrus Pierson	<i>P. Hudson</i>	IHS
3/23	2005	1800	1 cap	Cyrus Pierson		IHS
3/23	2005	2200	1 cap	Cyrus Pierson		IHS
	2005	0500	1 cap			IHS
	2005	1200	1 cap			IHS
	2005	1800	1 cap			IHS
	2005	2200	1 cap			IHS

DATE IN FOR REFILL

DATE REFILLED

DATE MED OUT w/NO REFILL

NAME: Cyrus Pierson		COFFEE COUNTY JAIL		FEDERAL:
MEDICATION: Phenytoin 100 mg (Dilantin)		ACA STANDARD FORM 2-2133		STATE:
RX INSTRUCTIONS: 1 cap 3 x a day		MEDICATION SHEET		COUNTY:
IHS		CELLBLOCK 2		CITY:

DATE	YR	TIME ISSUED	AMT. ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
3/23	2005	0500	1 cap	Pierson med	J. Cramer	IHS
3/23	2005	1200	1 cap			IHS
3/23	2005	1800	1 cap			IHS
	2005	0500	1 cap			IHS
	2005	1200	1 cap			IHS
	2005	1800	1 cap			IHS
	2005	0500	1 cap			IHS
	2005	1200	1 cap			IHS
	2005	1800	1 cap			IHS
	2005	0500	1 cap			IHS
	2005	1200	1 cap			IHS
	2005	1800	1 cap			IHS
	2005	0500	1 cap			IHS
	2005	1200	1 cap			IHS
	2005	1800	1 cap			IHS
	2005	0500	1 cap			IHS
	2005	1200	1 cap			IHS
	2005	1800	1 cap			IHS
XXXX	2005	XXXXXX	XXXXXX	NEW MED SHEET REQUIRED	XXXXXXXXXXXXXXXXXXXX	XXXXXX

DATE IN FOR REFILL _____ DATE REFILLED _____ DATE MED OUT w/NO REFILL _____

NAME: Cyrus Pierson		COFFEE COUNTY JAIL		FEDERAL:	
MEDICATION: Phenytoin 100 mg (Dilantin)		ACA STANDARD FORM 2-2133		STATE:	
R/X INSTRUCTIONS: 1 cap 3 x a day		MEDICATION SHEET		COUNTY:	
-Bottle DHS as of 4-23-05		CELLBLOCK 2		CITY:	

DATE	YR	TIME ISSUED	AMT. ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
4-21	2005	0500	1 cap	Cyrus Pierson	[Signature]	SL
4-21	2005	1200	1 cap	Cyrus Pierson	[Signature]	SL
4-21	2005	1800	1 cap	Cyrus Pierson	[Signature]	SL
4-22	2005	0500	1 cap	Cyrus Pierson	[Signature]	SL
4-22	2005	1200	1 cap	Cyrus Pierson	[Signature]	DHS
4-22	2005	1800	1 cap	Cyrus Pierson	[Signature]	DHS
4-23	2005	0500	1 cap	Cyrus Pierson	[Signature]	DHS
4-23	2005	1200	1 cap	Cyrus Pierson	[Signature]	DHS
4-23	2005	1800	1 cap	Cyrus Pierson	[Signature]	DHS
4-24	2005	0500	1 cap	Cyrus Pierson	[Signature]	DHS
4-24	2005	1200	1 cap	Cyrus Pierson	[Signature]	DHS
4-24	2005	1800	1 cap	Cyrus Pierson	[Signature]	DHS
4-25	2005	0500	1 cap	Cyrus Pierson	[Signature]	DHS
4-25	2005	1200	1 cap	Cyrus Pierson	[Signature]	DHS
4-25	2005	1800	1 cap	Cyrus Pierson	[Signature]	DHS
XXXX	2005	XXXXXX	XXXXXX	NEW MED SHEET REQUIRED	XXXXXXXXXXXXXXXXXXXX	XXXXXX

DATE IN FOR REFILL _____ DATE REFILLED _____ DATE MED OUT W/NO REFILL _____

NAME: <u>Cyrus Perdomo</u>	COFFEE COUNTY JAIL	FEDERAL:
MEDICATION: <u>Phenytoin 100mg</u>	ACA STANDARD FORM 2-2133	STATE:
R/X INSTRUCTIONS: <u>1 CAPS 3X daily</u>	MEDICATION SHEET	COUNTY:
<u>145</u>	CELLBLOCK <u>2</u>	CITY:

[illegible]

DATE IN FOR REFILL

DATE REFILLED

DATE MED OUT W/NO REFILL

NAME: Cyrus Pierson		COFFEE COUNTY JAIL		FEDERAL:
MEDICATION: Phenytoin 100 mg (Dilantin)		ACA STANDARD FORM 2-2133		STATE:
R/X INSTRUCTIONS: 1 cap 3 x a day		MEDICATION SHEET		COUNTY:
IHS		CELLBLOCK 2		CITY:

DATE	YR	TIME ISSUED	AMT. ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
4-28	2005	0500	1 cap	Cyrus Pierson	C. Helms	IHS
4-28	2005	1200	1 cap			IHS
4-28	2005	1800	1 cap			IHS
	2005	0500	1 cap			IHS
	2005	1200	1 cap			IHS
	2005	1800	1 cap			IHS
	2005	0500	1 cap			IHS
	2005	1200	1 cap			IHS
	2005	1800	1 cap			IHS
	2005	0500	1 cap			IHS
	2005	1200	1 cap			IHS
	2005	1800	1 cap			IHS
	2005	0500	1 cap			IHS
	2005	1200	1 cap			IHS
	2005	1800	1 cap			IHS
	2005	0500	1 cap			IHS
	2005	1200	1 cap			IHS
	2005	1800	1 cap			IHS
XXXX	2005	XXXXXXX	XXXXXXX	NEW MED SHEET REQUIRED	XXXXXXXXXXXXXXXXXXXXXXX	XXXXXXX

DATE IN FOR REFILL _____ DATE REFILLED _____ DATE MED OUT w/NO REFILL _____

NAME: <u>Cyrus Pierson</u>		COFFEE COUNTY JAIL		FEDERAL:
MEDICATION: <u>Prochlorone 100mg</u>		ACA STANDARD FORM 2-2133		STATE:
R/X INSTRUCTIONS: <u>1 TAB 3x DAILY</u>		MEDICATION SHEET		COUNTY:
<u>caps</u>		CELLBLOCK <u>2</u>		CITY:

DATE	YR	TIME ISSUED	AMT. ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
6-29	2005	1800	1 TAB	Cyrus Pierson	Talbert	me
6-30	2005	0500	1 cap	Cyrus Pierson	R. Col	SL
6-30	2005	1200	1 cap	Cyrus Pierson	Moore	SL
6-30	2005	1800	1 cap	Cyrus Pierson	Talbert	SL
	2005					
	2005					
	2005					
	2005					
	2005					
	2005					
	2005					
	2005					
	2005					
	2005					
	2005					
	2005					
	2005					
	2005					
	2005					
	2005					

DATE IN FOR REFILL _____ DATE REFILLED _____ DATE MED OUT w/NO REFILL _____

NAME: Cyrus Pierson		COFFEE COUNTY JAIL		FEDERAL:
MEDICATION: Phenytoin 100 mg (Dilantin)		ACA STANDARD FORM 2-2133		STATE:
R/X INSTRUCTIONS: 1 cap 3 x a day		MEDICATION SHEET		COUNTY:
Bottle		CELLBLOCK 2		CITY:

DATE	YR	TIME ISSUED	AMT. ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
7-1	2005	0500	1 cap	Cyrus Pierson	C. Helbert	SL
7-1	2005	1200	1 cap	Cyrus Pierson	D. Green	SL
7-1	2005	1800	1 cap	Cyrus Pierson	C/O Green	SL
7-2	2005	0500	1 cap	Cyrus Pierson	R. Cole	SL
7-2	2005	1200	1 cap	Cyrus Pierson	M. Cole	SL
7-2	2005	1800	1 cap	Cyrus Pierson	M. Cole	SL
7-3	2005	0500	1 cap	Cyrus Pierson	M. Cole	SL
7-3	2005	1200	1 cap	Cyrus Pierson	C. Helbert	SL
7-3	2005	1800	1 cap	Cyrus Pierson	C. Helbert	SL
7-4	2005	0500	1 cap	Cyrus Pierson	R. Cole	SL
7-4	2005	1200	1 cap	Cyrus Pierson	S. Roberts	SL
7-4	2005	1800	1 cap	Cyrus Pierson	U. Tolbert	SL
7/5	2005	0500	1 cap	Refused	C/O Green	MSC
7/5	2005	1200	1 cap	Cyrus Pierson	D. Green	MSC
7/5	2005	1800	1 cap	Cyrus Pierson	U. Tolbert	MSC
XXXX	2005	XXXXXX	XXXXXX	NEW MED SHEET REQUIRED	XXXXXXXXXXXXXXXXXXXX	XXXXXX

DATE IN FOR REFILL _____ DATE REFILLED _____ DATE MED OUT w/NO REFILL _____

NAME: Cyrus Pierson		COFFEE COUNTY JAIL		FEDERAL:
MEDICATION: Phenytoin 100 mg (Dilantin)		ACA STANDARD FORM 2-2133		STATE:
R/X INSTRUCTIONS: 1 cap 3 x a day		MEDICATION SHEET		COUNTY:
Bottle, IHS		CELLBLOCK 2		CITY:

DATE	YR	TIME ISSUED	AMT. ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
7/16	2005	0500	1 cap	Cyrus Pierson	C/O Crossed	WALK
7/16	2005	1200	1 cap	Cyrus Pierson	Moyer	IHS
7/16	2005	1800	1 cap	Cyrus Pierson	M. Tolbert	IHS
7-7	2005	0500	1 cap	Cyrus Pierson	C. Huns	IHS
7-7	2005	1200	1 cap	Cyrus Pierson	S. Robert	IHS
7-7	2005	1800	1 cap	Cyrus Pierson	Tolbert	IHS
7-8	2005	0500	1 cap	Cyrus Pierson	C. Huns	IHS
7-8	2005	1200	1 cap	Cyrus Pierson	Moyer	IHS
7-8	2005	1800	1 cap	Cyrus Pierson	McComick	IHS
7-9	2005	0500	1 cap	Cyrus Pierson	C. Huns	IHS
7-9	2005	1200	1 cap	Cyrus Pierson	Moyer	IHS
7-9	2005	1800	1 cap	Cyrus Pierson	McComick	IHS
7-10	2005	0500	1 cap	Cyrus Pierson	C. Huns	IHS
7-10	2005	1200	1 cap	Cyrus Pierson	Moyer	IHS
7-10	2005	1800	1 cap	Cyrus Pierson	McComick	IHS
XXXX	2005	XXXXXX	XXXXXX	NEW MED SHEET REQUIRED	XXXXXXXXXXXXXXXXXXXX	XXXXXX

DATE IN FOR REFILL _____ DATE REFILLED _____ DATE MED OUT W/NO REFILL _____

NAME: Cyrus Pierson	COFFEE COUNTY JAIL	FEDERAL:
MEDICATION: Phenytoin 100 mg (Dilantin)	ACA STANDARD FORM 2-2133	STATE:
R/X INSTRUCTIONS: 1 cap 3 x a day	MEDICATION SHEET	COUNTY:
IHS	CELLBLOCK 3	CITY:

DATE	YR	TIME ISSUED	AMT. ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
7-11	2005	0500	1 cap	Cyrus Pierson	C. Pierson	IHS
7-11	2005	1200	1 cap	Cyrus Pierson	D. Reed	IHS
7-11	2005	1800	1 cap	Cyrus Pierson	M. Tolbert	IHS
7-12	2005	0500	1 cap	Cyrus Pierson	C. Pierson	IHS
7-12	2005	1200	1 cap	Cyrus Pierson	M. Tolbert	IHS
7-12	2005	1800	1 cap	Cyrus Pierson	M. Tolbert	IHS
7-13	2005	0500	1 cap	Cyrus Pierson	M. Tolbert	IHS
7-13	2005	1200	1 cap	Cyrus Pierson	M. Tolbert	IHS
7-13	2005	1800	1 cap	Cyrus Pierson	M. Tolbert	IHS
7-14	2005	0500	1 cap	Cyrus Pierson	R. Lee	IHS
7-14	2005	1200	1 cap	Cyrus Pierson	M. Tolbert	IHS
7-14	2005	1800	1 cap	Cyrus Pierson	M. Tolbert	IHS
7-15	2005	0500	1 cap	Cyrus Pierson	R. Lee	IHS
7-15	2005	1200	1 cap	Cyrus Pierson	M. Tolbert	IHS
7-15	2005	1800	1 cap	Cyrus Pierson	R. Lee	IHS
7-15	2005	0500	1 cap	Cyrus Pierson	M. Tolbert	IHS
7-15	2005	1200	1 cap	Cyrus Pierson	M. Tolbert	IHS
7-15	2005	1800	1 cap	Cyrus Pierson	M. Tolbert	IHS
XXXX	2005	XXXXXX	XXXXXX	NEW MED SHEET REQUIRED	XXXXXXXXXXXXXXXXXXXX	XXXXXX

DATE IN FOR REFILL

DATE REFILLED

DATE MED OUT w/NO REFILL

NAME: Cyrus Pierson	COFFEE COUNTY JAIL	FEDERAL:
MEDICATION: Phenytoin 100 mg (Dilantin)	ACA STANDARD FORM 2-2133	STATE:
R/X INSTRUCTIONS: 1 cap 3 x a day	MEDICATION SHEET	COUNTY:
IHS	CELLBLOCK 3	CITY:

DATE	YR	TIME ISSUED	AMT. ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
7-16	2005	0500	1 cap	Cyrus Pierson	E. Keller	IHS
7-16	2005	1200	1 cap	Cyrus Pierson	[Signature]	IHS
7-16	2005	1800	1 cap	Cyrus Pierson	Ch. Denton	IHS
7-17	2005	0500	1 cap	Cyrus Pierson	[Signature]	IHS
7-17	2005	1200	1 cap	Cyrus Pierson	[Signature]	IHS
7-17	2005	1800	1 cap	Cyrus Pierson	[Signature]	IHS
7-18	2005	0500	1 cap	Cyrus Pierson	[Signature]	IHS
7-18	2005	1200	1 cap	Cyrus Pierson	[Signature]	IHS
7-18	2005	1800	1 cap	Cyrus Pierson	[Signature]	IHS
7-19	2005	0500	1 cap	Cyrus Pierson	[Signature]	IHS
7-19	2005	1200	1 cap	Cyrus Pierson	[Signature]	IHS
7-19	2005	1800	1 cap	Cyrus Pierson	[Signature]	IHS
7-20	2005	0500	1 cap	Cyrus Pierson	[Signature]	IHS
7-20	2005	1200	1 cap	Cyrus Pierson	[Signature]	IHS
7-20	2005	1800	1 cap	Cyrus Pierson	[Signature]	IHS
XXXX	2005	XXXXXX	XXXXXX	NEW MED SHEET REQUIRED	XXXXXXXXXXXXXXXXXXXX	XXXXXX

DATE IN FOR REFILL _____

DATE REFILLED _____

DATE MED OUT w/NO REFILL _____

NAME: <u>Cyrus Pierson</u>	COFFEE COUNTY JAIL	FEDERAL:
MEDICATION: <u>Prozac 100 mg</u>	ACA STANDARD FORM 2-2133	STATE:
R/X INSTRUCTIONS: <u>PO 3X a day</u>	MEDICATION SHEET	COUNTY:
<u>IHS</u>	CELL BLOCK <u>3</u>	CITY:

DATE	YR	TIME ISSUED	AMT. ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
7-21	2005	0510	1 cap	Cyrus Pierson	<i>A. Cole</i>	IHS
7-21	2005	1200	1 cap	Cyrus Pierson	<i>McConnick</i>	IHS
7-21	2005	1800	1 cap	Cyrus Pierson	<i>McConnick</i>	IHS
	2005					
	2005					
	2005					
	2005					
	2005					
	2005					
	2005					
	2005					
	2005					
	2005					
	2005					
	2005					
	2005					
	2005					
	2005					

DATE IN FOR REFILL _____ DATE REFILLED _____ DATE MED OUT w/NO REFILL _____

NAME: Cyrus Pierson		COFFEE COUNTY JAIL		FEDERAL:	
MEDICATION: Phenytoin 100 mg (Dilantin)		ACA STANDARD FORM 2-2133		STATE:	
RX INSTRUCTIONS: 1 cap 3 x a day		MEDICATION SHEET		COUNTY:	
IHS		CELLBLOCK # 3		CITY:	

DATE	YR	TIME ISSUED	AMT. ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
7-22	2005	0500	1 cap	Cyrus Pierson	<i>[Signature]</i>	IHS
7-22	2005	1200	1 cap	Cyrus Pierson	<i>[Signature]</i>	IHS
7-22	2005	1800	1 cap	Cyrus Pierson	<i>[Signature]</i>	IHS
7-23	2005	0500	1 cap	Cyrus Pierson	<i>[Signature]</i>	IHS
7-23	2005	1200	1 cap	Cyrus Pierson	<i>[Signature]</i>	IHS
7-23	2005	1800	1 cap	Refuse	<i>[Signature]</i>	IHS
7-24	2005	0500	1 cap	Received	<i>[Signature]</i>	IHS
7-24	2005	1200	1 cap	Cyrus Pierson	<i>[Signature]</i>	IHS
7-24	2005	1800	1 cap	Cyrus Pierson	<i>[Signature]</i>	IHS
7-25	2005	0500	1 cap	Cyrus Pierson	<i>[Signature]</i>	IHS
7-25	2005	1200	1 cap	Cyrus Pierson	<i>[Signature]</i>	IHS
7-25	2005	1800	1 cap	Cyrus Pierson	<i>[Signature]</i>	IHS
7-26	2005	0500	1 cap	Cyrus Pierson	<i>[Signature]</i>	IHS
7-26	2005	1200	1 cap	Cyrus Pierson	<i>[Signature]</i>	IHS
7-26	2005	1800	1 cap	Cyrus Pierson	<i>[Signature]</i>	IHS
XXXX	2005	XXXXXX	XXXXXX	NEW MED SHEET REQUIRED	XXXXXXXXXXXXXXXXXXXX	XXXXXX

DATE IN FOR REFILL _____ DATE REFILLED _____ DATE MED OUT W/NO REFILL _____

NAME: Cyrus Plenson	COFFEE COUNTY JAIL	FEDERAL:
MEDICATION: Phenytoin 100mg	ACA STANDARD FORM 2-2133	STATE:
RX INSTRUCTIONS: 1 cap 3x daily	MEDICATION SHEET	COUNTY:
145	CELLBLOCK 3	CITY:

[illegible]

DATE IN FOR REFILL	DATE REFILLED	DATE MED OUT w/NO REFILL
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NAME: Cyrus Pierson		COFFEE COUNTY JAIL		FEDERAL:
MEDICATION: Phenytoin 100 mg (Dilantin)		ACA STANDARD FORM 2-2133		STATE:
R/X INSTRUCTIONS: 1 cap 3 x a day		MEDICATION SHEET		COUNTY:
IHS		CELLBLOCK 2	6	CITY:

DATE	YR	TIME ISSUED	AMT. ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
7-29	2005	0500	1 cap	<i>[Signature]</i>	<i>[Signature]</i>	IHS
7-29	2005	1200	1 cap	<i>[Signature]</i>	<i>[Signature]</i>	IHS
7-29	2005	1800	1 cap	<i>[Signature]</i>	<i>[Signature]</i>	IHS
7-30	2005	0500	1 cap	<i>[Signature]</i>	<i>[Signature]</i>	IHS
7-30	2005	1200	1 cap	<i>[Signature]</i>	<i>[Signature]</i>	IHS
7-30	2005	1800	1 cap	<i>[Signature]</i>	<i>[Signature]</i>	IHS
7-31	2005	0500	1 cap	<i>[Signature]</i>	<i>[Signature]</i>	IHS
7-31	2005	1200	1 cap	<i>[Signature]</i>	<i>[Signature]</i>	IHS
7-31	2005	1800	1 cap	<i>[Signature]</i>	<i>[Signature]</i>	IHS
8-1	2005	0500	1 cap	<i>[Signature]</i>	<i>[Signature]</i>	IHS
8-1	2005	1200	1 cap	<i>[Signature]</i>	<i>[Signature]</i>	IHS
8-1	2005	1800	1 cap	<i>[Signature]</i>	<i>[Signature]</i>	IHS
8/2	2005	0500	1 cap	<i>[Signature]</i>	<i>[Signature]</i>	IHS
8/2	2005	1200	1 cap	<i>[Signature]</i>	<i>[Signature]</i>	IHS
8/2	2005	1800	1 cap	<i>[Signature]</i>	<i>[Signature]</i>	IHS
XXXX	2005	XXXXXX	XXXXXX	NEW MED SHEET REQUIRED	XXXXXXXXXXXXXXXXXXXX	XXXXXX

DATE IN FOR REFILL _____

DATE REFILLED _____

DATE MED OUT w/NO REFILL _____

NAME: Cyrus Pierson		COFFEE COUNTY JAIL		FEDERAL:
MEDICATION: Phenytoin 100 mg (Dilantin)		ACA STANDARD FORM 2-2133		STATE:
R/X INSTRUCTIONS: 1 cap 3 x a day		MEDICATION SHEET		COUNTY:
IHS		CELLBLOCK 2	6	CITY:

DATE	YR	TIME ISSUED	AMT. ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
8-5	2005	0500	1 cap	Refused	<i>E. J. Allen</i>	IHS
8-5	2005	1200	1 cap	Refused	<i>D. Green</i>	IHS
8-5	2005	1800	1 cap	Refused	<i>D. Green</i>	IHS
8-6	2005	0500	1 cap	<i>Cyrus Pierson</i>	<i>R. Allen</i>	IHS
8-6	2005	1200	1 cap	<i>Cyrus Pierson</i>	<i>N. Green</i>	IHS
8-6	2005	1800	1 cap	<i>Cyrus Pierson</i>	<i>D. Green</i>	IHS
8-7	2005	0500	1 cap	Refused	<i>E. J. Allen</i>	IHS
8-7	2005	1200	1 cap	<i>Cyrus Pierson</i>	<i>T. Allen</i>	IHS
8-7	2005	1800	1 cap	<i>Cyrus Pierson</i>	<i>E. J. Allen</i>	IHS
8-8	2005	0500	1 cap	<i>Cyrus Pierson</i>	<i>R. Allen</i>	IHS
8-8	2005	1200	1 cap	Refused	<i>McCormick</i>	IHS
8-8	2005	1800	1 cap	<i>Cyrus Pierson</i>	<i>D. Green</i>	IHS
8-9	2005	0500	1 cap	<i>Cyrus Pierson</i>		IHS
8-9	2005	1200	1 cap	<i>Cyrus Pierson</i>	<i>D. Green</i>	IHS
8-9	2005	1800	1 cap			IHS
XXXX	2005	XXXXXX	XXXXXX	NEW MED SHEET REQUIRED	XXXXXXXXXXXXXXXXXXXX	XXXXXX

DATE IN FOR REFILL

DATE REFILLED

DATE MED OUT w/NO REFILL

NAME: <i>Cyrus Pierson</i>	COFFEE COUNTY JAIL	FEDERAL:
MEDICATION: <i>Phenytoin 100mg</i>	ACA STANDARD FORM 2-2133	STATE:
R/X INSTRUCTIONS: <i>1 cap 3x daily</i>	MEDICATION SHEET	COUNTY:
<i>ITK</i>	CELLBLOCK <i>2</i>	CITY:

DATE	YR	TIME ISSUED	AMT. ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
12-29	2005	0500	1 cap	<i>Cyrus Pierson</i>	<i>D. Williams</i>	<i>ITK</i>
12-29	2005	1200	1 cap	<i>Cyrus Pierson</i>	<i>W. Jones</i>	<i>ITK</i>
12-29	2005	1800	1 cap	<i>Cyrus Pierson</i>	<i>W. Jones</i>	<i>ITK</i>
12-30	2005	0500	1 cap	<i>Cyrus Pierson</i>	<i>C. Williams</i>	<i>ITK</i>
12-30	2005	1200	1 cap	<i>Cyrus Pierson</i>	<i>W. Jones</i>	<i>ITK</i>
12-30	2005	1800	1 cap	<i>Cyrus Pierson</i>	<i>C. Williams</i>	<i>ITK</i>
12-31	2005	0500	1 cap	<i>Cyrus Pierson</i>	<i>R. G. Lee</i>	<i>ITK</i>
12-31	2005	1200	1 cap	<i>Cyrus Pierson</i>	<i>W. Jones</i>	<i>ITK</i>
12-31	2005	1800	1 cap	<i>Cyrus Pierson</i>	<i>C. Williams</i>	<i>ITK</i>
01-01	2006	0500	1 cap	<i>Cyrus Pierson</i>	<i>R. G. Lee</i>	<i>ITK</i>
01-01	2006	1200	1 cap	<i>Cyrus Pierson</i>	<i>W. Jones</i>	<i>ITK</i>
01-01	2006	1800	1 cap	<i>Cyrus Pierson</i>	<i>C. Williams</i>	<i>ITK</i>
	2006					
	2006					
	2006					
	2006					

DATE IN FOR REFILL _____

DATE REFILLED _____

DATE MED OUT w/NO REFILL _____

NAME: <i>Cyrus Pierson</i>	COFFEE COUNTY JAIL	FEDERAL:
MEDICATION: <i>Propranolol 100mg</i>	ACA STANDARD FORM 2-2133	STATE:
R/X INSTRUCTIONS: <i>1 cap 3x a day</i>	MEDICATION SHEET	COUNTY:
<i>JHS</i>	CELLBLOCK <i>2</i>	CITY: <i>(6)</i>

DATE	YR	TIME ISSUED	AMT. ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
1-2	2006	0500	1 cap	<i>Cyrus Pierson</i>	<i>E. Geller</i>	<i>JHS</i>
1-2	2006	1200	1 cap	<i>Cyrus Pierson</i>	<i>M. Tolbert</i>	<i>JHS</i>
1-2	2006	1800	1 cap	<i>Cyrus Pierson</i>	<i>Mc Cormick</i>	<i>JHS</i>
1/3	2006	0500	1 cap	<i>Cyrus Pierson</i>	<i>C. Wilder</i>	<i>JHS</i>
1/3	2006	1200	1 cap	<i>Cyrus Pierson</i>	<i>M. Tolbert</i>	<i>JHS</i>
1/3	2006	1800	1 cap	<i>Cyrus Pierson</i>	<i>M. Tolbert</i>	<i>JHS</i>
1/4	2006	0500	1 cap	<i>Cyrus Pierson</i>	<i>E. Geller</i>	<i>JHS</i>
1/4	2006	1200	1 cap	<i>Cyrus Pierson</i>	<i>MT</i>	<i>JHS</i>
1/4	2006	1800	1 cap	<i>Cyrus Pierson</i>	<i>Mc Cormick</i>	<i>JHS</i>
1-5	2006	0500	1 cap	<i>Cyrus Pierson</i>	<i>R. Cole</i>	<i>JHS</i>
1-5	2006	1200	1 cap	<i>Cyrus Pierson</i>	<i>M. Tolbert</i>	<i>JHS</i>
1-5	2006	1800	1 cap	<i>Cyrus Pierson</i>	<i>Mc Cormick</i>	<i>JHS</i>
1-6	2006	0500	1 cap	<i>Cyrus Pierson</i>	<i>R. Cole</i>	<i>JHS</i>
1-6	2006	1200	1 cap	<i>Cyrus Pierson</i>	<i>MT</i>	<i>JHS</i>
1-6	2006	1800	1 cap	<i>Cyrus Pierson</i>	<i>Wilder</i>	<i>JHS</i>

DATE IN FOR REFILL _____ DATE REFILLED _____ DATE MED OUT w/NO REFILL _____

NAME: <u>Cyrus Pierson</u>	COFFEE COUNTY JAIL	FEDERAL:
MEDICATION: <u>Phenytoin 100mg</u>	ACA STANDARD FORM 2-2133	STATE:
R/X INSTRUCTIONS: <u>1 cap 3x a day</u>	MEDICATION SHEET	COUNTY:
<u>ITS</u>	CELLBLOCK <u>2 (6)</u>	CITY:

DATE	YR	TIME ISSUED	AMT. ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
1-7	2006	0500	1 cap	Cyrus Pierson	H. Williams	ITS
1-7	2006	1200	1 cap	Cyrus Pierson	W. Williams	ITS
1-7	2006	1800	1 cap	Cyrus Pierson	W. Williams	ITS
1-8	2006	0500	1 cap	Cyrus Pierson	H. Williams	ITS
1-8	2006	1200	1 cap	Cyrus Pierson	H. Williams	ITS
1-8	2006	1800	1 cap	Cyrus Pierson	H. Williams	ITS
1-9	2006	0500	1 cap	Cyrus Pierson	H. Williams	ITS
1-9	2006	1200	1 cap	Cyrus Pierson	H. Williams	ITS
1-9	2006	1800	1 cap	Cyrus Pierson	H. Williams	ITS
1-10	2006	0500	1 cap	Cyrus Pierson	H. Williams	ITS
1-10	2006	1200	1 cap	Cyrus Pierson	H. Williams	ITS
1-10	2006	1800	1 cap	Cyrus Pierson	H. Williams	ITS
1-11	2006	0500	1 cap	Cyrus Pierson	H. Williams	ITS
1-11	2006	1200	1 cap	Cyrus Pierson	H. Williams	ITS
1-11	2006	1800	1 cap	Cyrus Pierson	H. Williams	ITS
1-12	2006	0500	1 cap	Cyrus Pierson	H. Williams	ITS

DATE IN FOR REFILL

DATE REFILLED

DATE MED OUT W/NO REFILL

NAME: <i>Cyrus Person</i>	COFFEE COUNTY JAIL	FEDERAL:
MEDICATION: <i>Phenytoin long</i>	ACA STANDARD FORM 2-2133	STATE:
R/X INSTRUCTIONS: <i>1 tab 3x daily</i>	MEDICATION SHEET	COUNTY:
<i>JHS</i>	CELLBLOCK <i>2</i>	CITY:

DATE	YR	TIME ISSUED	AMT. ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
1-22	2006	0500	1 tab	<i>Refused</i>	<i>H. Williams</i>	<i>JHS</i>
1-22	2006	1200	1 tab	<i>Cyrus Person</i>	<i>McCormick</i>	<i>JHS</i>
1-22	2006	1800	1 tab	<i>Cyrus Person</i>	<i>C. Jones</i>	<i>JHS</i>
1-23	2006	0800	1 tab	<i>Refused</i>	<i>R. Cole</i>	<i>JHS</i>
1-23	2006	1200	1 tab	<i>Cyrus Person</i>	<i>MT</i>	<i>JHS</i>
1-23	2006	1800	1 tab	<i>Cyrus Person</i>	<i>McCormick</i>	<i>JHS</i>
1/24	2006	0500	1 tab	<i>Cyrus Person</i>	<i>Marney</i>	<i>JHS</i>
1/24	2006	1200	1 tab	<i>Cyrus Person</i>	<i>McCormick</i>	<i>JHS</i>
1/24	2006	1800	1 tab	<i>Cyrus Person</i>	<i>McCormick</i>	<i>JHS</i>
1/25	2006	0500	1 tab	<i>Cyrus Person</i>	<i>Marney</i>	<i>JHS</i>
1/25	2006	1200	1 tab	<i>Cyrus Person</i>	<i>McCormick</i>	<i>JHS</i>
1/25	2006	1800	1 tab	<i>Cyrus Person</i>	<i>McCormick</i>	<i>JHS</i>
1-26	2006	0500	1 cp	<i>Refused</i>	<i>McCormick</i>	<i>JHS</i>
1-26	2006	1200	1 cp	<i>Cyrus Person</i>	<i>D. Jones</i>	<i>JHS</i>
1-26	2006	1800	1 cp	<i>Cyrus Person</i>	<i>McCormick</i>	<i>JHS</i>

DATE IN FOR REFILL _____ DATE REFILLED _____ DATE MED OUT w/NO REFILL _____

NAME: <u>Cyrus Pierson</u>	COFFEE COUNTY JAIL	FEDERAL:
MEDICATION: <u>Phenytoin 100mg</u>	ACA STANDARD FORM 2-2133	STATE:
R/X INSTRUCTIONS: <u>1 qd 3 x a day</u>	MEDICATION SHEET	COUNTY:
<u>IHS</u>	CELLBLOCK <u>2</u>	CITY: <u>4</u>

DATE	YR	TIME ISSUED	AMT. ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
—	2006	0500		<u>Cyrus Pierson</u>		IHS
1-12	2005	1200	1200	<u>Cyrus Pierson</u>	<u>Mary Tolbert</u>	IHS
1-12	2006	1800	1800	<u>Cyrus Pierson</u>		IHS
1-13	2006	0500	1 qd	<u>Cyrus Pierson</u>		IHS
1-13	2006	1200	1 qd	<u>Cyrus Pierson</u>	<u>M. Tolbert</u>	IHS
1-13	2006	1800	1 qd	<u>Cyrus Pierson</u>		IHS
1-14	2006	0500	1 qd	<u>Cyrus Pierson</u>	<u>C. Reed</u>	IHS
1-14	2006	1200	1 qd	<u>Cyrus Pierson</u>		IHS
1-14	2006	1800	1 qd	<u>Cyrus Pierson</u>	<u>C. Reed</u>	IHS
1-15	2006	0500	1 qd	<u>Cyrus Pierson</u>	<u>C. Reed</u>	IHS
1-15	2006	1200	1 qd	<u>Cyrus Pierson</u>	<u>McLornick</u>	IHS
1-15	2006	1800	1 qd	<u>Cyrus Pierson</u>	<u>W. J. J. J.</u>	IHS
1-16	2006	0500	1 qd	<u>Cyrus Pierson</u>	<u>B. Cole</u>	IHS
1-16	2006	1200	1 qd	<u>Cyrus Pierson</u>	<u>M. Tolbert</u>	IHS
1-16	2006	1800	1 qd	<u>Cyrus Pierson</u>	<u>McLornick</u>	IHS
XXXX	XX	XXXXXXX	XXXXXXX	NEW MED SHEET REQUIRED	XXXXXXXXXXXXXXXXXXXX	XXXXXXX

DATE IN FOR REFILL _____ DATE REFILLED _____ DATE MED OUT w/NO REFILL _____

NAME: <i>Cyrus Piersen</i>	COFFEE COUNTY JAIL	FEDERAL:
MEDICATION: <i>Phenazine 100mg</i>	ACA STANDARD FORM 2-2133	STATE:
R/X INSTRUCTIONS: 1 tab 3 x a day	MEDICATION SHEET	COUNTY:
<i>1 HS</i>	CELLBLOCK <i>2</i>	CITY:

DATE	YR	TIME ISSUED	AMT. ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
1/17	2006	0500	1 cap	<i>Cyrus Piersen</i>	<i>C. W. Tolbert</i>	IHS
1/17	2005	1200	1 cap	<i>Cyrus Piersen</i>	<i>M. Tolbert</i>	IHS
1/17	2006	1800	1 cap	<i>Cyrus Piersen</i>	<i>M. By</i>	IHS
1/18	2006	0500	1 cap	<i>Cyrus Piersen</i>	<i>E. C. Wilder</i>	IHS
1/18	2006	1200	1 cap	<i>Cyrus Piersen</i>	<i>E. C. Wilder</i>	IHS
1/18	2006	1800	1 cap	<i>Cyrus Piersen</i>	<i>E. C. Wilder</i>	IHS
1-19	2006	0500	1 cap	<i>Cyrus Piersen</i>	<i>E. C. Wilder</i>	IHS
1-19	2006	1200	1 cap	<i>Cyrus Piersen</i>	<i>E. C. Wilder</i>	IHS
1-19	2006	1800	1 cap	<i>Cyrus Piersen</i>	<i>E. C. Wilder</i>	IHS
1-20	2006	0500	1 cap	<i>Cyrus Piersen</i>	<i>E. C. Wilder</i>	IHS
1-20	2006	1200	1 cap	<i>Cyrus Piersen</i>	<i>E. C. Wilder</i>	IHS
1-20	2006	1800	1 cap	<i>Cyrus Piersen</i>	<i>E. C. Wilder</i>	IHS
1-21	2006	0500	1 cap	<i>Cyrus Piersen</i>	<i>E. C. Wilder</i>	IHS
1-21	2006	1200	1 cap	<i>Cyrus Piersen</i>	<i>E. C. Wilder</i>	IHS
1-21	2006	1800	1 cap	<i>Cyrus Piersen</i>	<i>E. C. Wilder</i>	IHS
XXXX	XX	XXXXXXX	XXXXXXX	NEW MED SHEET REQUIRED	XXXXXXXXXXXXXXXXXXXX	XXXXXX

DATE IN FOR REFILL _____ DATE REFILLED _____ DATE MED OUT W/NO REFILL _____

NAME: Cyrus Pierson	COFFEE COUNTY JAIL	FEDERAL:
MEDICATION: Phenytoin 100mg	ACA STANDARD FORM 2-2133	STATE:
RX INSTRUCTIONS: 1 cap 3x a day	MEDICATION SHEET	COUNTY:
re pack into envelopes	CELLBLOCK 2	CITY:

DATE	YR	TIME ISSUED	AMT. ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
1-27	2006	0500	1 cap	Refused	M. Williams	SL
1-27	2006	1200	1 cap	Cyrus Pierson	S. Roberts	SL
1-27	2006	1800	1 cap	Cyrus Pierson	M. Williams	SL
1-28	2006	0500	1 cap	Refused	A. Polk	SL
1-28	2006	1200	1 cap	Cyrus Pierson	M. Williams	SL
1-28	2006	1800	1 cap	Refused	C. Williams	SL
1-29	2006	0500	1 cap	Refused	C. Williams	SL
1-29	2006	1200	1 cap	Cyrus Pierson	McComick	SL
1-29	2006	1800	1 cap	Cyrus Pierson	Wildner	SL
1-30	2006	0500	1 cap	Cyrus Pierson	M. Williams	SL
1-30	2006	1200	1 cap	Cyrus Pierson	M. Williams	SL
1-30	2006	1800	1 cap	Cyrus Pierson	McComick	SL
1/31	2006	0500	1 cap	Cyrus Pierson	C. Williams	USE
1/31	2006	1200	1 cap	Cyrus Pierson	M. Williams	USE
1/31	2006	1800	1 cap	Cyrus Pierson	McComick	USE

DATE IN FOR REFILL

DATE REFILLED

DATE MED OUT w/NO REFILL

NAME: <i>Cyrus Pearson</i>	COFFEE COUNTY JAIL	FEDERAL:
MEDICATION: <i>Dherutin 100mg</i>	ACA STANDARD FORM 2-2133	STATE:
R/X INSTRUCTIONS: <i>1 cap 3 x a day</i>	MEDICATION SHEET	COUNTY:
<i>Refill Bottle</i>	CELLBLOCK <i>2</i>	CITY:

DATE	YR	TIME ISSUED	AMT. ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
2/01	2006	0500	1 cap	<i>Cyrus Pearson</i>	<i>Co. Overton</i>	<i>USE</i>
2/01	2005	1200	1 cap	<i>Cyrus Pearson</i>	<i>M. B. By</i>	<i>USE</i>
2/01	2006	1800	1 cap	<i>Cyrus Pearson</i>	<i>M. B. By</i>	<i>USE</i>
2-2	2006	0500	1 cap	<i>Refused</i>	<i>R. Cole</i>	<i>SL</i>
2-2	2006	1200	1 cap	<i>Cyrus Pearson</i>	<i>P. Cooper</i>	<i>SL</i>
2-2	2006	1800	1 cap	<i>Cyrus Pearson</i>	<i>M. B. By</i>	<i>SL</i>
2-3	2006	0500	1 cap	<i>Refused</i>	<i>C. Cooper</i>	<i>SL</i>
2-3	2006	1200	1 cap	<i>Cyrus Pearson</i>	<i>Co. Overton</i>	<i>SL</i>
2-3	2006	1800	1 cap	<i>Cyrus Pearson</i>	<i>C. Cooper</i>	<i>SL</i>
2-4	2006	0500	1 cap	<i>Cyrus Pearson</i>	<i>D. Williams</i>	<i>SL</i>
2-4	2006	1200	1 cap	<i>Cyrus Pearson</i>	<i>Co. Overton</i>	<i>SL</i>
2-4	2006	1800	1 cap	<i>Cyrus Pearson</i>	<i>Co. Overton</i>	<i>SL</i>
2-5	2006	0500	1 cap	<i>Cyrus Pearson</i>	<i>R. Cole</i>	<i>SL</i>
2-5	2006	1200	1 cap	<i>Cyrus Pearson</i>	<i>D. Williams</i>	<i>SL</i>
2-5	2006	1800	1 cap	<i>Cyrus Pearson</i>	<i>C. Cooper</i>	<i>SL</i>
XXXX	XX	XXXXXX	XXXXXX	NEW MED SHEET REQUIRED	XXXXXXXXXXXXXXXXXXXX	XXXXXX

DATE IN FOR REFILL _____ DATE REFILLED _____ DATE MED OUT w/NO REFILL _____

NAME: <u>Cyrus Pearson</u>		COFFEE COUNTY JAIL		FEDERAL:
MEDICATION: <u>Phenytoin 100mg</u>		ACA STANDARD FORM 2-2133		STATE:
R/X INSTRUCTIONS: <u>1 tab 3 x a day</u>		MEDICATION SHEET		COUNTY:
<u>Bottle</u>		CELLBLOCK <u>2</u>		CITY:

DATE	YR	TIME ISSUED	AMT. ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
2-6	2006	0500	1 cap	<u>Cyrus Pearson</u>	<u>[Signature]</u>	<u>[Signature]</u>
2-6	2005	1200	1 cap	<u>Cyrus Pearson</u>	<u>[Signature]</u>	<u>[Signature]</u>
2-6	2006	1800	1 cap	<u>Cyrus Pearson</u>	<u>[Signature]</u>	<u>[Signature]</u>
2-17	2006	0500	1 cap	<u>Cyrus Pearson</u>	<u>Cramer/cw</u>	<u>[Signature]</u>
	2006	1200		<u>out</u>		
	2006	1800	1 cap		<u>McLornick</u>	
	2006	0500				IHS
	2006	1200				IHS
	2006	1800				IHS
	2006	0500				IHS
	2006	1200				IHS
	2006	1800				IHS
	2006	0500				IHS
	2006	1200				IHS
	2006	1800				IHS
XXXX	XX	XXXXXX	XXXXXX	NEW MED SHEET REQUIRED	XXXXXXXXXXXXXXXXXXXX	XXXXXX

DATE IN FOR REFILL _____

DATE REFILLED _____

DATE MED OUT w/o REFILL _____

NAME: <u>Cyrus Pierson</u>	COFFEE COUNTY JAIL	FEDERAL:
MEDICATION: <u>Penicillin 100 MG</u>	ACA STANDARD FORM 2-2133	STATE:
R/X INSTRUCTIONS: <u>PO 3x Daily</u>	MEDICATION SHEET	COUNTY:
<u>JHS</u>	CELLBLOCK <u>2</u>	CITY: <u>#6</u>

DATE	YR	TIME ISSUED	AMT. ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
2-11	2006	1200	1 Tab	<u>Cyrus Pierson</u>	<u>R. Cooper</u>	<u>JHS</u>
2-11	2006	1800	1 cap	<u>Cyrus Pierson</u>	<u>W. J. Tolbert</u>	<u>JHS</u>
2-12	2006	0800	1 cap	<u>Refused</u>	<u>H. Williams</u>	<u>JHS</u>
2-12	2006	1200	cap	<u>Cyrus Pierson</u>	<u>C. L. Co</u>	<u>JHS</u>
2-12	2006	1800	cap	<u>Cyrus Pierson</u>	<u>W. J. Tolbert</u>	<u>JHS</u>
2-13	2006	0500	1 cap	<u>Cyrus Pierson</u>	<u>R. Cooper</u>	<u>JHS</u>
2-13	2006	1200	1 cap	<u>Cyrus Pierson</u>	<u>M. J. Tolbert</u>	<u>JHS</u>
2-13	2006	1800	1 cap	<u>Cyrus Pierson</u>	<u>M. J. Tolbert</u>	<u>JHS</u>
2-14	2006	0500	1 cap	<u>Cyrus Pierson</u>	<u>C. L. Co</u>	<u>JHS</u>
2-14	2006	1200	1 cap	<u>Cyrus Pierson</u>	<u>R. Cooper</u>	<u>JHS</u>
2-14	2006	1800	1 cap	<u>Cyrus Pierson</u>	<u>M. J. Tolbert</u>	<u>JHS</u>
2-15	2006	0500	1 cap	<u>Cyrus Pierson</u>	<u>W. J. Tolbert</u>	<u>JHS</u>
2-15	2006	1200	1 cap	<u>Cyrus Pierson</u>	<u>H. Williams</u>	<u>JHS</u>
2-15	2006	1800	1 cap	<u>Cyrus Pierson</u>	<u>M. J. Tolbert</u>	<u>JHS</u>
	2006					
	2006					

DATE IN FOR REFILL _____ DATE REFILLED _____ DATE MED OUT w/NO REFILL _____

NAME: <u>Cyrus Peterson</u>	COFFEE COUNTY JAIL	FEDERAL:
MEDICATION: <u>Thorazine</u>	ACA STANDARD FORM 2-2133	STATE:
R/X INSTRUCTIONS: 1 tab 3 x a day	MEDICATION SHEET	COUNTY:
<u>IHS</u>	CELLBLOCK <u>2</u>	CITY:

DATE	YR	TIME ISSUED	AMT. ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
2-16	2006	0500	1 tab	<u>Cyrus Peterson</u>	<u>[Signature]</u>	IHS
2-16	2005	1200	1 tab	<u>Cyrus Peterson</u>	<u>[Signature]</u>	IHS
2-16	2006	1800	1 tab	<u>Cyrus Peterson</u>	<u>[Signature]</u>	IHS
2-17	2006	0500	1 tab	<u>Cyrus Peterson</u>	<u>[Signature]</u>	IHS
2-17	2006	1200	1 tab	<u>Cyrus Peterson</u>	<u>[Signature]</u>	IHS
2-17	2006	1800	1 tab	<u>Cyrus Peterson</u>	<u>[Signature]</u>	IHS
2-18	2006	0500	1 tab	<u>Cyrus Peterson</u>	<u>[Signature]</u>	IHS
2-18	2006	1200	1 tab	<u>Cyrus Peterson</u>	<u>[Signature]</u>	IHS
2-18	2006	1800	1 tab	<u>Cyrus Peterson</u>	<u>[Signature]</u>	IHS
2-19	2006	0500	1 tab	<u>Cyrus Peterson</u>	<u>[Signature]</u>	IHS
2-19	2006	1200	1 tab	<u>Cyrus Peterson</u>	<u>[Signature]</u>	IHS
2-19	2006	1800	1 tab	<u>Cyrus Peterson</u>	<u>[Signature]</u>	IHS
2-20	2006	0500	1 tab	<u>Cyrus Peterson</u>	<u>[Signature]</u>	IHS
2-20	2006	1200	1 tab	<u>Cyrus Peterson</u>	<u>[Signature]</u>	IHS
2-20	2006	1800	1 tab	<u>Cyrus Peterson</u>	<u>[Signature]</u>	IHS
XXXX	XX	XXXXXX	XXXXXX	(NEW MED SHEET REQUIRED)	XXXXXXXXXXXXXXXXXXXX	XXXXXX

DATE IN FOR REFILL _____ DATE REFILLED _____ DATE MED OUT w/NO REFILL _____

NAME: <u>Cyrus Pierson</u>	COFFEE COUNTY JAIL	FEDERAL:
MEDICATION: <u>Phenyton</u>	ACA STANDARD FORM 2-2133	STATE:
R/X INSTRUCTIONS: <u>1 tab 3 x a day</u>	MEDICATION SHEET	COUNTY:
<u>1HS CP</u>	CELLBLOCK <u>2</u>	CITY:

DATE	YR	TIME ISSUED	AMT. ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
2-21	2006	0500	1 tab	Cyrus Pierson	Wilder	1HS
2-21	2005	1200	1 tab	Cyrus Pierson	McGinnis	1HS
2-21	2006	1800	1 tab	Cyrus Pierson	McGinnis	1HS
2-22	2006	0500	1 tab	Cyrus Pierson	McGinnis	1HS
2-22	2006	1200	1 tab	Cyrus Pierson	McGinnis	1HS
2-22	2006	1800	1 tab	Cyrus Pierson	McGinnis	1HS
2-23	2006	0500	1 tab	Cyrus Pierson	R. Col	1HS
2-23	2006	1200	1 tab	Cyrus Pierson	McGinnis	1HS
2-23	2006	1800	1 tab	Cyrus Pierson	McGinnis	1HS
2-24	2006	0500	1 tab	Cyrus Pierson	R. Col	1HS
2-24	2006	1200	1 tab	Cyrus Pierson	McGinnis	1HS
2-24	2006	1800	1 tab	Cyrus Pierson	McGinnis	1HS
2-25	2006	0500	1 tab	Cyrus Pierson	R. Col	1HS
2-25	2006	1200	1 tab	Cyrus Pierson	McGinnis	1HS
2-25	2006	1800	1 tab	Cyrus Pierson	McGinnis	1HS
XXXX	XX	XXXXXXX	XXXXXXX	NEW MED SHEET REQUIRED	XXXXXXXXXXXXXXXXXXXX	XXXXXX

DATE IN FOR REFILL _____ DATE REFILLED _____ DATE MED OUT W/NO REFILL _____

NAME: Cyrus Pierson	COFFEE COUNTY JAIL	FEDERAL:
MEDICATION: 100mg	ACA STANDARD FORM 2-2133	STATE:
RX INSTRUCTIONS: 1 cap 3x daily	MEDICATION SHEET	COUNTY:
ITTS	CELLBLOCK 2	CITY:

DATE	YR	TIME ISSUED	AMT. ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
2-26	2006	0500	1 cap	Cyrus Pierson	R. Cole	ITTS
2-26	2006	1200	1 cap	Cyrus Pierson	McComick	ITTS
2-26	2006	1800	1 cap	Cyrus Pierson	Cramer	ITTS
2-27	2006	0500	1 cap	Cyrus Pierson	R. Cole	ITTS
2-27	2006	1200	1 cap	Cyrus Pierson	M. Colbert	ITTS
2-27	2006	1800	1 cap	Received dist. sign	McComick	ITTS
2-28	2006	0500	1 cap	Cyrus Pierson	Cramer	ITTS
2-28	2006	1200	1 cap	Cyrus Pierson		ITTS
2-28	2006	1800	1 cap	Cyrus Pierson	McComick	ITTS
3-1	2006	0500	1 cap	Cyrus Pierson	Cramer	ITTS
3-1	2006	1200	1 cap	Cyrus Pierson	ITTS	ITTS
3-1	2006	1800	1 cap	Cyrus Pierson	M. By	ITTS
3-2	2006	0500	1 cap	Cyrus Pierson	R. Cole	ITTS
3-2	2006	1200	1 cap	Cyrus Pierson	McComick	ITTS
3-2	2006	1800	1 cap	Cyrus Pierson	McComick	ITTS

DATE IN FOR REFILL _____ DATE REFILLED _____ DATE MED OUT w/NO REFILL _____

DP *DP* *Cyrus Pierson*

NAME: <u>Cyrus Pierson</u>	COFFEE COUNTY JAIL	FEDERAL:
MEDICATION: <u>Phenytion 100mg</u>	ACA STANDARD FORM 2-2133	STATE:
RX INSTRUCTIONS: <u>Cap 3x daily</u>	MEDICATION SHEET	COUNTY:
<u>IT#9</u>	CELLBLOCK <u>2</u> (<u>#6</u>)	CITY:

DATE	YR	TIME ISSUED	AMT. ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
3-3	2006	0500	1 cap	Cyrus Pierson	<i>H. Williams</i>	IT#5
3-3	2006	1200	1 cap	<i>Cyrus Pierson</i>	<i>S. R. Roberts</i>	IT#5
3-3	2006	1800	1 cap	Cyrus Pierson	<i>C. Roberts</i>	IT#5
3-4	2006	0500	1 cap	<i>Refused</i>	<i>R. Col.</i>	IT#5
3-4	2006	1200	1 cap	Cyrus Pierson	<i>S. R. Roberts</i>	IT#5
3-4	2006	1800	1 cap	Cyrus Pierson	<i>Wilder</i>	IT#5
3-5	2006	0500	1 cap	<i>Cyrus Pierson</i>	<i>C. Roberts</i>	IT#5
3-5	2006	1200	1 cap	Cyrus Pierson	<i>McLornick</i>	IT#5
3-5	2006	1800	1 cap	Cyrus Pierson	<i>Wilder</i>	IT#5
3-6	2006	0500	1 cap	Cyrus Pierson	<i>H. Williams</i>	IT#5
3-6	2006	1200	1 cap	Cyrus Pierson	<i>McLornick</i>	IT#5
3-6	2006	1800	1 cap	Cyrus Pierson	<i>McLornick</i>	IT#5
3-7	2006	0500	1 cap	Cyrus Pierson	<i>Wilder</i>	IT#5
3-7	2006	1200	1 cap	<i>Cyrus Pierson</i>	<i>McLornick</i>	IT#5
3-7	2006	1800	1 cap	Cyrus Pierson	<i>McLornick</i>	IT#5

DATE IN FOR REFILL _____ DATE REFILED _____ DATE MED OUT W/NO REFILL _____

NAME: <u>Cyrus Pierson</u>	COFFEE COUNTY JAIL	FEDERAL:
MEDICATION: <u>Phenutain 10mg</u>	ACA STANDARD FORM 2-2133	STATE:
R/X INSTRUCTIONS: <u>1 tab 3 x a day</u>	MEDICATION SHEET	COUNTY:
<u>148</u>	CELLBLOCK <u>2</u>	CITY:

DATE	YR	TIME ISSUED	AMT. ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
3/8	2006	0500	1 cap	Cyrus Pierson	Sue B	148
3/8	2005	1200	1 cap	Cyrus Pierson	Tolbert	148
3/8	2006	1800	1 cap	Cyrus Pierson	McLornick	148
3-9	2006	0500	1 cap	Cyrus Pierson	R. Cole	JHS
3-9	2006	1200	1 cap	Cyrus Pierson	S. P. Roberts	JHS
3-9	2006	1800	1 cap	Cyrus Pierson	McLornick	JHS
3-10	2006	0500	1 cap	Cyrus Pierson	McLornick	JHS
3-10	2006	1200	1 cap	Cyrus Pierson	M. Tolbert	JHS
3-10	2006	1800	1 cap	Cyrus Pierson	Mercy	JHS
3-11	2006	0500	1 cap	Cyrus Pierson	—	JHS
3-11	2006	1200	1 cap	Cyrus Pierson	—	JHS
3-11	2006	1800	1 cap	Cyrus Pierson	W. J. J. J.	JHS
3-12	2006	0500	1 cap	Cyrus Pierson	W. J. J. J.	JHS
3-12	2006	1200	1 cap	Cyrus Pierson	R. Cole	JHS
3-12	2006	1800	1 cap	Cyrus Pierson	—	JHS
XXXX	XX	XXXXXXXX	XXXXXXXX	NEW MED SHEET REQUIRED	XXXXXXXXXXXXXXXXXXXX	XXXXXX

DATE IN FOR REFILL _____ DATE REFILLED _____ DATE MED OUT w/NO REFILL _____

NAME: <u>Cyrus Person</u>	COFFEE COUNTY JAIL	FEDERAL:
MEDICATION: <u>Phenytoin 100mg</u>	ACA STANDARD FORM 2-2133	STATE:
R/X INSTRUCTIONS: <u>1 tab 3 x a day</u>	MEDICATION SHEET	COUNTY:
<u>ITS</u>	CELLBLOCK <u>2</u>	CITY:

DATE	YR	TIME ISSUED	AMT. ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
3-13	2006	0500	1 tab	<u>Refused</u>	<u>C. J. J. J.</u>	<u>ITS</u>
3-13	2005	1200	1 tab	<u>Cyrus Person</u>	<u>M. J. J. J.</u>	<u>ITS</u>
3-13	2006	1800	1 tab	<u>Cyrus Person</u>	<u>M. J. J. J.</u>	<u>ITS</u>
3/14	2006	0500	1 tab	<u>Cyrus Person</u>	<u>ITS</u>	<u>ITS</u>
3/14	2006	1200	1 tab	<u>Cyrus Person</u>	<u>MT</u>	<u>ITS</u>
3/14	2006	1800	1 tab	<u>Cyrus Person</u>	<u>M. J. J. J.</u>	<u>ITS</u>
3/15	2006	0500	1 tab	<u>Cyrus Person</u>	<u>Wilder</u>	<u>ITS</u>
3/15	2006	1200	1 tab	<u>Cyrus Person</u>	<u>ITS</u>	<u>ITS</u>
3/15	2006	1800	1 tab	<u>Cyrus Person</u>	<u>Wilder</u>	<u>ITS</u>
3-16	2006	0500	1 tab	<u>Refused</u>	<u>Wilder</u>	<u>ITS</u>
3-16	2006	1200	1 tab	<u>Refused</u>	<u>S. J. J. J.</u>	<u>ITS</u>
3-16	2006	1800	1 tab	<u>Cyrus Person</u>	<u>Wilder</u>	<u>ITS</u>
3-17	2006	0500	1 tab	<u>Cyrus Person</u>	<u>Wilder</u>	<u>ITS</u>
3-17	2006	1200	1 tab	<u>Cyrus Person</u>	<u>Wilder</u>	<u>ITS</u>
3-17	2006	1800	1 tab	<u>Cyrus Person</u>	<u>Wilder</u>	<u>ITS</u>
XXXX	XX	XXXXXX	XXXXXX	NEW MED SHEET REQUIRED	XXXXXXXXXXXXXXXXXXXX	XXXXXXXX

DATE IN FOR REFILL _____ DATE REFILLED _____ DATE MED OUT W/O REFILL _____

NAME: <u>Cyrus Person</u>	COFFEE COUNTY JAIL	FEDERAL:
MEDICATION: <u>Phenytoin 100mg</u>	ACA STANDARD FORM 2-2133	STATE:
R/X INSTRUCTIONS: <u>1 qd 3x/day</u>	MEDICATION SHEET	COUNTY:
<u>JTS</u>	CELLBLOCK <u>2</u>	CITY:

DATE	YR	TIME ISSUED	AMT. ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
3-8	2006	0500	1 qd	Cyrus Person	<i>[Signature]</i>	JTS
3-8	2006	1200	1 qd	Refused	<i>[Signature]</i>	JTS
3-8	2006	1800	1 qd	Cyrus Person	<i>[Signature]</i>	JTS
3-19	2006	0500	1 qd	Refused	<i>[Signature]</i>	JTS
3-19	2006	1200	1 qd	Cyrus Person	<i>[Signature]</i>	JTS
3-19	2006	1800	1 qd	Cyrus Person	<i>[Signature]</i>	JTS
3-20	2006	0500	1 qd	Cyrus Person	<i>[Signature]</i>	JTS
3-20	2006	1200	1 qd	Refused	<i>[Signature]</i>	JTS
3-20	2006	1800	1 qd	Cyrus Person	<i>[Signature]</i>	JTS
3-21	2006	0500	1 qd	Cyrus Person	<i>[Signature]</i>	JTS
3-21	2006	1200	1 qd	Cyrus Person	<i>[Signature]</i>	JTS
3-21	2006	1800	1 qd	Cyrus Person	<i>[Signature]</i>	JTS
3-22	2006	0500	1 qd	Cyrus Person	<i>[Signature]</i>	JTS
3-22	2006	1200	1 qd	Cyrus Person	<i>[Signature]</i>	JTS
3-22	2006	1800	1 qd	Cyrus Person	<i>[Signature]</i>	JTS
	2006					

DATE IN FOR REFILL

DATE REFILLED

DATE MED OUT W/NO REFILL

NAME: <u>Cyrus Pearson</u>	COFFEE COUNTY JAIL	FEDERAL:
MEDICATION: <u>Phenytoin 100mg</u>	ACA STANDARD FORM 2-2133	STATE:
R/X INSTRUCTIONS: <u>1 tab 3 x a day</u>	MEDICATION SHEET	COUNTY:
<u>(IHS)</u>	CELLBLOCK <u>C3-2</u>	CITY:

DATE	YR	TIME ISSUED	AMT. ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
03/23	2006	0500	1cap	<u>Refused</u>	<u>C. Wilder</u>	<u>IHS</u>
03/23	2005	1200	1cap	<u>Cyrus Pearson</u>	<u>C. Wilder</u>	<u>IHS</u>
03/23	2006	1800	1cap	<u>Cyrus Pearson</u>	<u>C. Wilder</u>	<u>IHS</u>
3-24	2006	0500	1Cap	<u>Cyrus Pearson</u>	<u>C. Wilder</u>	<u>IHS</u>
3-24	2006	1200	1Cap	<u>Cyrus Pearson</u>	<u>C. Wilder</u>	<u>IHS</u>
3-24	2006	1800	1Cap	<u>Cyrus Pearson</u>	<u>C. Wilder</u>	<u>IHS</u>
3/25	2006	0500	1 Cap	<u>Cyrus Pearson</u>	<u>C. Wilder</u>	<u>IHS</u>
3/25	2006	1200	1 Cap	<u>Cyrus Pearson</u>	<u>C. Wilder</u>	<u>IHS</u>
3/25	2006	1800	1 Cap	<u>Cyrus Pearson</u>	<u>C. Wilder</u>	<u>IHS</u>
3/26	2006	0500	1cap	<u>Refused</u>	<u>C. Wilder</u>	<u>IHS</u>
3/26	2006	1200	1cap	<u>Cyrus Pearson</u>	<u>C. Wilder</u>	<u>IHS</u>
3/26	2006	1800	1cap	<u>Cyrus Pearson</u>	<u>C. Wilder</u>	<u>IHS</u>
3-27	2006	0500	1Cap	<u>Cyrus Pearson</u>	<u>C. Wilder</u>	<u>IHS</u>
3-27	2006	1200	1Cap	<u>Cyrus Pearson</u>	<u>C. Wilder</u>	<u>IHS</u>
3-27	2006	1800	1Cap	<u>Cyrus Pearson</u>	<u>C. Wilder</u>	<u>IHS</u>
XXXX	XX	XXXXXXX	XXXXXXX	NEW MED SHEET REQUIRED	XXXXXXXXXXXXXXXXXXXX	XXXXXX

DATE IN FOR REFILL _____ DATE REFILLED _____ DATE MED OUT w/NO REFILL _____

NAME: <u>Person, Cyrus</u>	COFFEE COUNTY JAIL	FEDERAL:
MEDICATION: <u>phenytoin 100 mg</u>	ACA STANDARD FORM 2-2133	STATE:
RX INSTRUCTIONS: <u>1 cap 3x daily</u>	MEDICATION SHEET	COUNTY:
<u>145</u>	CELLBLOCK <u>2</u>	CITY:

DATE	YR	TIME ISSUED	AMT. ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
3/28	2006	0500	1 cap	Cyrus Person	Cyrus Person	145
3/28	2006	1200	1 cap	Cyrus Person	nt	145
3/28	2006	1800	1 cap	Cyrus Person	Wilder	145
3/29	2006	2200	1 cap	Cyrus Person	Wilder	145
3/29	2006	0500	1 cap	Cyrus Person c-14		145
3/29	2006	1200	1 cap	Cyrus Person	Wilder	145
3/29	2006	1800	1 cap	Cyrus Person	Wilder	
	2006	2200				
	2006	0500				
	2006	1200				
	2006	1800				
	2006	2200				
	2006	0500				
	2006	1200				
	2006	1800				
	2006	2200				

DATE IN FOR REFILL _____ DATE REFILLED _____ DATE MED OUT w/NO REFILL _____

[Signature]

NAME: <u>Cyrus Pierson</u>	COFFEE COUNTY JAIL	FEDERAL: <u>1</u>
MEDICATION: <u>Phenytoin 100mg</u>	ACA STANDARD FORM 2-2133	STATE: <u>1</u>
RX INSTRUCTIONS: <u>20 3x a day</u>	MEDICATION SHEET	COUNTY: <u>1</u>
<u>IHS</u>	CELLBLOCK <u>2</u>	CITY: <u>1</u>

DATE	YR	TIME ISSUED	AMT. ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
3-30	2006	0500	1 cp	Refused	<i>[Signature]</i>	IHS
3-30	2006	1200	1 cp	Refused	<i>[Signature]</i>	IHS
3-30	2006	1800	1 cp	Cyrus Pierson	M. B.	IHS
3-31	2006	0500	1 cp	Refused	<i>[Signature]</i>	IHS
3-31	2006	1200	1 cp	Refused	<i>[Signature]</i>	IHS
3-31	2006	1800	1 cp	Refused	<i>[Signature]</i>	IHS
4-1	2006	0500	1 cp	Refused	<i>[Signature]</i>	IHS
4-1	2006	1200	1 cp	Cyrus Pierson	<i>[Signature]</i>	IHS
4-1	2006	1800	1 cp	Cyrus Pierson	<i>[Signature]</i>	IHS
4-2	2006	0500	1 cp	Refused	<i>[Signature]</i>	IHS
4-2	2006	1200	1 cp	Cyrus Pierson	W. W.	IHS
4-2	2006	1800	1 cp	Refused	C-14	IHS
4-3	2006	0500	1 cp	Cyrus Pierson	<i>[Signature]</i>	IHS
4-3	2006	1200	1 cp	Cyrus Pierson	S. R.	IHS
4-3	2006	1800	1 cp	Cyrus Pierson	W. W.	IHS

DATE IN FOR REFILL _____

DATE REFILLED _____

DATE MED OUT w/NO REFILL _____

NAME: <u>Cyrus Person</u>	COFFEE COUNTY JAIL	FEDERAL:
MEDICATION: <u>Phenytoin</u>	ACA STANDARD FORM 2-2133	STATE:
R/X INSTRUCTIONS: <u>1 cap 3 x a day</u>	MEDICATION SHEET	COUNTY:
<u>1HS</u>	CELLBLOCK <u>2</u>	CITY:

DATE	YR	TIME ISSUED	AMT. ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
4/14	2006	0500	1 cap	X <u>Refused</u>	C-14	1HS
4/14	2005	1200	1 cap	<u>Cyrus Person</u>	<u>Wilder</u>	1HS
4/14	2006	1800	1 cap	<u>Cyrus Person</u>	<u>Wilder</u>	1HS
4/15	2006	0500	1 cap	<u>Cyrus Person</u>	<u>Wilder</u>	1HS
4/15	2006	1200	1 cap	<u>Cyrus Person</u>	<u>Wilder</u>	1HS
4/15	2006	1800	1 cap	<u>Cyrus Person</u>	<u>Wilder</u>	1HS
4-6	2006	0500	1 cap	<u>Cyrus Person</u>	<u>Wilder</u>	1HS
4-6	2006	1200	1 cap	<u>Cyrus Person</u>	<u>Wilder</u>	1HS
4-6	2006	1800	1 cap	<u>Cyrus Person</u>	<u>Wilder</u>	1HS
4-7	2006	0500	1 cap	<u>Cyrus Person</u>	<u>Wilder</u>	1HS
4-7	2006	1200	1 cap	<u>Cyrus Person</u>	<u>Wilder</u>	1HS
4-7	2006	1800	1 cap	<u>Cyrus Person</u>	<u>Wilder</u>	1HS
4-8	2006	0500	1 cap	<u>Cyrus Person</u>	<u>Wilder</u>	1HS
4-8	2006	1200	1 cap	<u>Cyrus Person</u>	<u>Wilder</u>	1HS
4-8	2006	1800	1 cap	<u>Cyrus Person</u>	<u>Wilder</u>	1HS
XXXX	XX	XXXXXX	XXXXXX	NEW MED SHEET REQUIRED	XXXXXXXXXXXX	XXXXXX

DATE IN FOR REFILL _____ DATE REFILLED _____ DATE MED OUT W/O REFILL _____

NAME: Cyrus Pierson COFFEE COUNTY JAIL FEDERAL: _____

MEDICATION: Phenytoin 600mg ACA STANDARD FORM 2-2133 STATE: _____

R/X INSTRUCTIONS: 1 cap 3x daily MEDICATION SHEET COUNTY: _____

ITS CELLBLOCK 2 CITY: _____

DATE	YR	TIME ISSUED	AMT. ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
4-9	2006	0500	1 cap	Cyrus Pierson	R. Col	ITS
4-9	2006	1700	1 cap	Cyrus Pierson	Wilder	ITS
4-9	2006	1800	1 cap	Cyrus Pierson	Cyrus Pierson	ITS
4-10	2006	0500	1 cap	Refused	Cyrus Pierson	ITS
4-10	2006	1200	1 cap	Cyrus Pierson	S. Roberts	ITS
4-10	2006	1800	1 cap	Cyrus Pierson	Wilder	ITS
4/11	2006	0500	1 cap	Cyrus Pierson	S. Col	ITS
4/11	2006	1200	1 cap	Cyrus Pierson	Wilder	ITS
4/11	2006	1800	1 cap	Cyrus Pierson	Wilder	ITS
4/12	2006	0500	1 cap	Cyrus Pierson	C-14	ITS
4/12	2006	1200	1 cap	Cyrus Pierson	S. Col	ITS
4/12	2006	1800	1 cap	Cyrus Pierson	R. Col	ITS
4-13	2006	0500	1 cap	Refused	R. Col	ITS
4-13	2006	1200	1 cap	Refused	S. Roberts	ITS
4-13	2006	1800	1 cap	Cyrus Pierson		ITS
	2006					

DATE IN FOR REFILL _____ DATE REFILLED _____ DATE MED OUT W/NO REFILL _____

NAME: <u>Cyrus Pierson</u>	COFFEE COUNTY JAIL	FEDERAL:
MEDICATION: <u>Phenytoin 100 mg</u>	ACA STANDARD FORM 2-2133	STATE:
RX INSTRUCTIONS: <u>1 cap 3x daily</u>	MEDICATION SHEET	COUNTY:
<u>IHS</u>	CELLBLOCK <u>2</u>	CITY:

DATE	YR	TIME ISSUED	AMT. ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
4-14	2006	0500	1 cap	Refuse	<u>C. Pierson</u>	<u>IHS</u>
4-14	2006	1200	1 cap	<u>Cyrus Pierson</u>	<u>Tolbert</u>	<u>IHS</u>
4-14	2006	1800	1 cap	<u>Cyrus Pierson</u>	<u>S. Pierson</u>	<u>IHS</u>
4-15	2006	0500	1 cap	<u>Cyrus Pierson</u>	<u>C. Pierson</u>	<u>IHS</u>
4-15	2006	1200	1 cap	<u>Cyrus Pierson</u>	<u>M. Pierson</u>	<u>IHS</u>
4-15	2006	1800	1 cap	<u>Cyrus Pierson</u>	<u>C-14</u>	<u>IHS</u>
4-16	2006	0500	1 cap	<u>Cyrus Pierson</u>	<u>St. Pierson</u>	<u>IHS</u>
4-16	2006	1200	1 cap	<u>Cyrus Pierson</u>	<u>Wilder</u>	<u>IHS</u>
4-16	2006	1800	1 cap	<u>Cyrus Pierson</u>	<u>C-14</u>	<u>IHS</u>
4-17	2006	0500	1 cap	Refused	<u>R. Pierson</u>	<u>IHS</u>
4-17	2006	1200	1 cap	<u>Cyrus Pierson</u>	<u>Tolbert</u>	<u>IHS</u>
4-17	2006	1800	1 cap	<u>Cyrus Pierson</u>	<u>M. B.</u>	<u>IHS</u>
4-18	2006	0500	1 cap	<u>Cyrus Pierson</u>	<u>C-14</u>	<u>IHS</u>
4-18	2006	1200	1 cap	<u>Cyrus Pierson</u>	<u>Tolbert</u>	<u>IHS</u>
4-18	2006	1800	1 cap	<u>Cyrus Pierson</u>	<u>C. Pierson</u>	<u>IHS</u>
4-18	2006	2000	1 cap		<u>Wilder</u>	<u>IHS</u>

DATE IN FOR REFILL _____ DATE REFILLED _____ DATE MED OUT w/NO REFILL _____

NAME: <u>Cyrus Pierson</u>	COFFEE COUNTY JAIL	FEDERAL:
MEDICATION: <u>phenytoin 100mg</u>	ACA STANDARD FORM 2-2133	STATE:
R/X INSTRUCTIONS: <u>1 tab 3 x a day</u>	MEDICATION SHEET	COUNTY:
<u>1 HS</u>	CELLBLOCK <u>2</u>	CITY:

DATE	YR	TIME ISSUED	AMT. ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
4/19	2006	0500	1 cap	Refuse d	See	1 HS
4/19	2005	1200	1 cap	Cyrus Pierson	Tolbert	1 HS
4/19	2006	1800	1 cap	Cyrus Pierson	Wilder	1 HS
4-20	2006	0500	1 cap	Cyrus Pierson	Wilder	JHS
4-20	2006	1200	1 cap	Cyrus Pierson	Wilder	JHS
4-20	2006	1800	1 cap	Refuse	Wilder	JHS
4-21	2006	0500	1 cap	Cyrus Pierson	Wilder	JHS
4-21	2006	1200	1 cap	Cyrus Pierson	Wilder	JHS
4-21	2006	1800	1 cap	Refuse	Wilder	JHS
	2006	0500				
	2006	1200				
	2006	1800				
	2006	0500				
	2006	1200				
	2006	1800				
XXXX	XX	XXXXXX	XXXXXX	NEW MED SHEET REQUIRED	XXXXXXXXXXXXXXXXXXXX	XXXXXX

DATE IN FOR REFILL _____ DATE REFILLED _____ DATE MED OUT W/NO REFILL _____

NAME: <u>Cyrus Pierson</u>	COFFEE COUNTY JAIL	FEDERAL:
MEDICATION: <u>Phenytoin 100 mg</u>	ACA STANDARD FORM 2-2133	STATE:
R/X INSTRUCTIONS: <u>1 cap 3 x a day</u>	MEDICATION SHEET	COUNTY:
<u>IHS</u>	CELLBLOCK <u>2</u>	CITY:

DATE	YR	TIME ISSUED	AMOUNT ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
7-9	2006	0800	1 cap	Refused	<u>E. Williams</u>	IHS
7-9	2006	1200	1 cap		<u>Cramer, Lew</u>	IHS
7-9	2006	1800	1 cap	* CP		IHS
7-10	2006	0500	1 cap	Refused	<u>Williams</u>	IHS
7-10	2006	1200	1 cap	Refused	<u>Talbert</u>	IHS
7-10	2006	1800	1 cap	CP	<u>Mc</u>	IHS
7-11	2006	0500	1 cap	Refused	<u>DP</u>	IHS
7-11	2006	1200	1 cap	CP	<u>Young</u>	IHS
7-11	2006	1800	1 cap	CP	<u>Mc</u>	IHS
7-12	2006	0500	1 cap	* CP	<u>Mc</u>	IHS
7-12	2006	1200	1 cap	CP		IHS
7-12	2006	1800	1 cap	out of CT	<u>Mc</u>	IHS
	2006					
	2006					
	2006					
	2006					

DATE IN FOR REFILL _____

DATE REFILLED _____

DATE MED OUT w/NO REFILL _____

NAME: Cyrus Dierson COFFEE COUNTY JAIL FEDERAL: _____

MEDICATIONS: Phenytoin 100 mg capsules ACA STANDARD FORM 2-2133 STATE: _____

R/X INSTRUCTIONS: 1 cap 3 X daily MEDICATION SHEET COUNTY: _____

JTS packs - repackaged to envelopes CELLBLOCK 2-16 CITY: _____

DATE	YR	TIME ISSUED	AMOUNT ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
8-3	2006	0500	1 cap	Cyrus Dierson	G. Williams	SL
8-3	2006	1200	1 cap	Cyrus Dierson	T. Tolbert	SL
8-3	2006	1800	1 cap	Cyrus Dierson	T. Tolbert	SL
8-4	2006	0500	1 cap	Cyrus Dierson	T. Tolbert	SL
8-4	2006	1200	1 cap	Cyrus Dierson	T. Tolbert	SL
8-4	2006	1800	1 cap	Cyrus Dierson	T. Tolbert	SL
8-5	2006	0500	1 cap	Cyrus Dierson	R. Col	SL
8-5	2006	1200	1 cap	Cyrus Dierson	T. Tolbert	SL
8-5	2006	1800	1 cap	Cyrus Dierson	T. Tolbert	SL
8-6	2006	0500	1 cap	Cyrus Dierson	G. Williams	SL
8-6	2006	1200	1 cap	Cyrus Dierson	T. Tolbert	SL
8-6	2006	1800	1 cap	Cyrus Dierson	T. Tolbert	SL
8-7	2006	0500	1 cap	Cyrus Dierson	T. Tolbert	SL
8-7	2006	1200	1 cap	Cyrus Dierson	T. Tolbert	SL
8-7	2006	1800	1 cap	Cyrus Dierson	T. Tolbert	SL

DATE IN FOR REFILL _____ DATE REFILLED _____ DATE MED OUT w/NO REFILL _____

NAME: <u>Cyrus Pierson</u>	COFFEE COUNTY JAIL	FEDERAL:
MEDICATION: <u>Phenytoin Exten 100MG</u>	ACA STANDARD FORM 2-2133	STATE:
R/X INSTRUCTIONS: <u>3 Caps 1 X daily</u>	MEDICATION SHEET	COUNTY:
<u>JHS</u>	CELLBLOCK <u>2</u>	CITY:

DATE	YR	TIME ISSUED	AMOUNT ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
8-10	2006	0500	3 Caps	Refused	R. Cole	JHS
8-11	2006	0500	3 caps	Cyrus Pierson	G. Williams	JHS
8-12	2006	0500	3 caps	Cyrus Pierson	R. Cole	JHS
8-13	2006	0500	3 caps	Cyrus Pierson	G. Williams	JHS
8-14	2006	0500	3 caps	Cyrus Pierson	R. Cole	JHS
8-15	2006	0500	3 caps	Cyrus Pierson	R. Cole	JHS
8-16	2006	0500	3 caps	Cyrus Pierson	R. Cole	JHS
8-17	2006	0500	3 caps	Cyrus Pierson	R. Cole	JHS
8-18	2006	0500	3 caps	Cyrus Pierson	R. Cole	JHS
8-19	2006	0500	3 caps	Cyrus Pierson	R. Cole	JHS
8-20	2006	0500	3 caps	Cyrus Pierson	R. Cole	JHS
8-21	2006	0500	3 caps	Cyrus Pierson	R. Cole	JHS
8-22	2006	0500	3 caps	Cyrus Pierson	R. Cole	JHS
8-23	2006	0500	3 caps	Cyrus Pierson	R. Cole	JHS
8-24	2006	0500	3 caps	Cyrus Pierson	R. Cole	JHS
8-25	2006	0500	3 caps	Cyrus Pierson	R. Cole	JHS

DATE IN FOR REFILL _____

DATE REFILLED _____

DATE MED OUT w/NO REFILL _____

NAME: <u>Cyrus Pierson</u>	COFFEE COUNTY JAIL	FEDERAL:
MEDICATION: <u>Phenytoin Exten 600 mg</u>	ACA STANDARD FORM 2-2133	STATE:
R/X INSTRUCTIONS: <u>3 cabs 1 xaday</u>	MEDICATION SHEET	COUNTY:
<u>JHS</u>	CELLBLOCK <u>2</u>	CITY:

DATE	YR	TIME ISSUED	AMOUNT ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
8-26	2006	0500	3 cabs	Refused	R. Cobb	JHS
8-27	2006	0500	3 cabs	Refused	R. Cobb	JHS
8-28	2006	0500	3 cabs	Cyrus Pierson	C. Cobb	JHS
9-1-29	2006	0500	3 cabs	Cyrus Pierson	James Ward	JHS
9-1-30	2006	0500	3 cabs	Cyrus Pierson	CP	JHS
8-31	2006	0500	3 cabs	Cyrus Pierson	R. Cobb	JHS
9-1	2006	0500	3 cabs	Refused	C. Cobb	JHS
9-2	2006	0500	3 cabs	Cyrus Pierson	S. Williams	JHS
9-3	2006	0500	3 cabs	Cyrus Pierson	R. Cobb	JHS
9-4	2006	0500	3 cabs	Refused	C. Cobb	JHS
9-5	2006	0500	3 cabs	Cyrus Pierson	None	JHS
9-6	2006	0500	3 cabs	out window		
9-7	2006	0500	3 cabs	Cyrus Pierson	M. Kersley	JHS
9-8	2006	0500	3 cabs	Cyrus Pierson	S. Williams	JHS
9-9	2006	0500	3 cabs	Cyrus Pierson	R. Cobb	JHS
9-9	2006	0500	3 cabs	Cyrus Pierson	C. Cobb	JHS

DATE IN FOR REFILL

DATE REFILLED

DATE MED OUT W/NO REFILL

NAME: <u>Cyrus Pierson</u>	COFFEE COUNTY JAIL	FEDERAL:
MEDICATION: <u>Phenytoin Exten 100 mg</u>	ACA STANDARD FORM 2-2133	STATE:
R/X INSTRUCTIONS: <u>3 caps 1 X a day</u>	MEDICATION SHEET	COUNTY:
<u>JHS</u>	CELLBLOCK <u>2</u>	CITY:

DATE	YR	TIME ISSUED	AMOUNT ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
9-10	2006	0500	3 caps	Cyrus Pierson	<i>[Signature]</i>	JHS
9-11	2006	0500	3 caps	Refused	<i>[Signature]</i>	JHS
9-12	2006	0500	3 caps	Cyrus Pierson	<i>[Signature]</i>	JHS
9-13	2006	0500	3 caps	Refused	<i>[Signature]</i>	JHS
9-14	2006	0500	3 caps	Cyrus Pierson	<i>[Signature]</i>	JHS
9-15	2006	0500	3 caps	Refused	<i>[Signature]</i>	JHS
9-16	2006	0500	3 caps	Refused	<i>[Signature]</i>	JHS
9-17	2006	0500	3 caps	Cyrus Pierson	<i>[Signature]</i>	JHS
9-18	2006	0500	3 caps	Refused	<i>[Signature]</i>	JHS
9-19	2006	0500	3 caps	Refused	<i>[Signature]</i>	JHS
9-20	2006	0500	3 caps	Refused	<i>[Signature]</i>	JHS
9-21	2006	0500	3 caps	Refused	<i>[Signature]</i>	JHS
9-22	2006	0500	3 caps	Cyrus Pierson	<i>[Signature]</i>	JHS
9-23	2006	0500	3 caps	Refused	<i>[Signature]</i>	JHS
9-24	2006	0500	3 caps	Refused	<i>[Signature]</i>	JHS
9-25	2006	0500	3 caps	Cyrus Pierson	<i>[Signature]</i>	JHS

DATE IN FOR REFILL _____ DATE REFILLED _____ DATE MED OUT w/NO REFILL _____

NAME: Cyrus Pierson COFFEE COUNTY JAIL FEDERAL: _____

MEDICATION: Phenytain Exten 100 mg ACA STANDARD FORM 2-2133 STATE: _____

R/X INSTRUCTIONS: 3 caps 1x day MEDICATION SHEET COUNTY: _____

JHS CELL BLOCK 2 CITY: _____

DATE	YR	TIME ISSUED	AMT. ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
9-26	2006	0500	3 caps	Cyrus Pierson	Lynne Davis	JHS
9-27	2006	0500	3 caps	Refused	MR	JHS
9-28	2006	0500	3 caps	Cyrus Pierson	R. Col	JHS
9-29	2006	0500	3 caps	J. R. Quaid	H. Williams	JHS
9-30	2006	0500	3 caps	Cyrus Pierson	C. Williams	JHS
10-1	2006	0500	3 caps	Refused	R. Col	JHS
10-2	2006	0500	3 caps	Cyrus Pierson	H. Williams	JHS
10-3	2006	0500	3 caps	Cyrus Pierson	MR	JHS
10-4	2006	0500	3 caps	Cyrus Pierson	D. B	JHS
10-5	2006	0500	3 caps	Cyrus Pierson	C. Williams	JHS
10-6	2006	0500	3 caps	Cyrus Pierson	R. Col	JHS
10-7	2006	0500	3 caps	Cyrus Pierson	H. Williams	JHS
10-8	2006	0500	3 caps	Refused	R. Col	JHS
10-9	2006	0500	3 caps	Refused	R. Col	JHS
10/10	2006	0500	3 caps	Cyrus Pierson		JHS
10/11	2006	0500	3 caps	Cyrus Pierson		JHS

DATE IN FOR REFILL _____

DATE REFILLED _____

DATE MED OUT W/NO REFILL _____

NAME: <i>Cyrus Pierson</i>	COFFEE COUNTY JAIL	FEDERAL:
MEDICATION: <i>Phenytoin 100mg</i>	ACA STANDARD FORM 2-2133	STATE:
R/X INSTRUCTIONS: <i>3cgs 1 X every @ 0050</i>	MEDICATION SHEET	COUNTY:
<i>JTS</i>	CELLBLOCK <i>2</i>	CITY:

DATE	YR	TIME ISSUED	AMT. ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
10-12	2006	0500	1 cgs	<i>Cyrus Pierson</i>	<i>G. Williams</i>	<i>JTS</i>
10-13	2006	0500	3 cgs	<i>Refused</i>	<i>R. Cole</i>	<i>JTS</i>
10-14	2006	0500	3 cgs	<i>Cyrus Pierson</i>	<i>G. Williams</i>	<i>JTS</i>
10-15	2006	0500	3 cgs	<i>Refused</i>	<i>R. Cole</i>	<i>JTS</i>
10-16	2006	0500	3 cgs	<i>Cyrus Pierson</i>	<i>C. K. O'Connell</i>	<i>JTS</i>
10-17	2006	0500	3 cgs	<i>Cyrus Pierson</i>	<i>D. P.</i>	<i>JTS</i>
10-18	2006	0500	3 cgs	<i>Cyrus Pierson</i>	<i>D. P.</i>	<i>JTS</i>
10-19	2006	0500	3 cgs	<i>Cyrus Pierson</i>	<i>G. Williams</i>	<i>JTS</i>
10-20	2006	0500	3 cgs	<i>Cyrus Pierson</i>	<i>R. Cole</i>	<i>JTS</i>
10-21	2006	0500	3 cgs	<i>Refused</i>	<i>C. K. O'Connell</i>	<i>JTS</i>
10-22	2006	0500	3 cgs	<i>Refused</i>	<i>G. Williams</i>	<i>JTS</i>
10-23	2006	0500	3 cgs	<i>Refused</i>	<i>R. Cole</i>	<i>JTS</i>
10-24	2006	0500	3 cgs	<i>Cyrus Pierson</i>	<i>J. P.</i>	<i>JTS</i>
10-25	2006	0500	3 cgs	<i>Cyrus Pierson</i>	<i>D. P.</i>	<i>JTS</i>
10-26	2006	0500	3 cgs	<i>Cyrus Pierson</i>	<i>G. Williams</i>	<i>JTS</i>
10-27	2006	0500	3 cgs	<i>Cyrus Pierson</i>	<i>G. Williams</i>	<i>JTS</i>

DATE IN FOR REFILL _____

DATE REFILLED _____

DATE MED OUT w/NO REFILL _____

NAME: <u>Cyrus Pierson</u>		COFFEE COUNTY JAIL.		FEDERAL:
MEDICATION: <u>Phenytoin Exten 100mg</u>		ACA STANDARD FORM 2-2133		STATE:
R/X INSTRUCTIONS: <u>3caps / x a day @ 0500</u>		MEDICATION SHEET		COUNTY:
		CELLBLOCK <u>2</u>		CITY:

DATE	YR	TIME ISSUED	AMOUNT ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
10-28	2006	0500	3caps	Refused	R. Cole	JHS
10-29	2006	0500	3caps	Cyrus Pierson	C. Wellons	JHS
10-30	2006	0500	3caps	Refused	B. Wellons	JHS
10-31	2006	0500	3caps	Cyrus Pierson	JK	JHS
11-01	2006	0500	3caps	Cyrus Pierson	Spence	JHS
11-02	2006	0500	3caps	Refused	B. Wellons	JHS
11-03	2006	0500	3caps	Cyrus Pierson	C. Wellons	JHS
11-04	2006	0500	3caps	Refused	B. Wellons	JHS
11-05	2006	0500	3caps	Cyrus Pierson	C. Wellons	JHS
11-06	2006	0500	3caps	Refused	B. Wellons	JHS
11-07	2006	0500	3caps	Cyrus Pierson	Spence	JHS
11-08	2006	0500	3caps	Cyrus Pierson	R. Cole	JHS
11-09	2006	0500	3caps	Cyrus Pierson	R. Cole	JHS
11-10	2006	0500	3caps	Cyrus Pierson	B. Wellons	JHS
11-11	2006	0500	3caps	Refused	C. Wellons	JHS
11-12	2006	0500	3caps	Refused	C. Wellons	JHS

DATE IN FOR REFILL _____

DATE REFILLED _____

DATE MED OUT w/NO REFILL _____

16

NAME: <u>Cyrus Pierson</u>	COFFEE COUNTY JAIL	FEDERAL:
MEDICATION: <u>Phenytoin Exides 100 mg</u>	ACA STANDARD FORM 2-2133	STATE:
R/X INSTRUCTIONS: <u>3 caps 1 X day @ 0500</u>	MEDICATION SHEET	COUNTY:
	CELLBLOCK <u>2</u>	CITY:

DATE	YR	TIME ISSUED	AMOUNT ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
11-13	2006	0500	3 caps	Robert	C. Selles	JHS
11-14	2006	0500	3 caps	Cyrus Pierson		JHS
11-15	2006	0500	3 caps	Cyrus Pierson	James Cole	JHS
11-16	2006	0500	3 caps	Cyrus Pierson	MR	JHS
11-17	2006	0500	3 caps	Cyrus Pierson	C. Selles	JHS
11-18	2006	0500	3 caps	Cyrus Pierson	D. Williams	JHS
11-19	2006	0500	3 caps	Cyrus Pierson	MR	JHS
11-20	2006	0500	3 caps	Cyrus Pierson	D. Williams	JHS
11-21	2006	0500	3 caps	Cyrus Pierson	James Davis	JHS
11-22	2006	0500	3 caps	Cyrus Pierson	James Davis	JHS
11-23	2006	0500	3 caps	Cyrus Pierson	C. Selles	JHS
11-24	2006	0500	3 caps	Cyrus Pierson	D. Williams	JHS
11-25	2006	0500	3 caps	Cyrus Pierson	A. Cole	JHS
11-26	2006	0500	3 caps	Cyrus Pierson	C. Selles	JHS
11-27	2006	0500	3 caps	Cyrus Pierson	D. Williams	JHS
11-28	2006	0500	3 caps	Cyrus Pierson	D. Williams	JHS

DATE IN FOR REFILL _____ DATE REFILLED _____ DATE MED OUT w/NO REFILL _____

16

NAME: <u>Pearson, Cyrus</u>	COFFEE COUNTY JAIL	FEDERAL:
MEDICATION: <u>Prochlorperazine 10mg</u>	ACA STANDARD FORM 2-2133	STATE:
R/X INSTRUCTIONS: <u>3caps 1x day</u>	MEDICATION SHEET	COUNTY:
	CELLBLOCK <u>2</u>	CITY:

DATE	YR	TIME ISSUED	AMOUNT ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
11-29	2006	0500	3caps	<u>Refused</u>	<u>MR</u>	<u>Jus</u>
11-30	2006	0500	3caps	<u>Refused</u>	<u>R Cole</u>	<u>Jus</u>
12-1	2006	0500	3caps	<u>Refused</u>	<u>C. Veled</u>	<u>Jus</u>
12-2	2006	0500	3caps	<u>Cyrus Pearson</u>	<u>R. Cole</u>	<u>Jus</u>
12-3	2006	0500	3caps	<u>Refused</u>	<u>C. Veled</u>	<u>Jus</u>
12-4	2006	0500	3caps	<u>Cyrus Pearson</u>	<u>R. Cole</u>	<u>Jus</u>
12-5	2006	0500	3caps	<u>Refused</u>	<u>MR</u>	<u>Jus</u>
12-6	2006	0500	3caps	<u>Cyrus Pearson</u>	<u>R. Cole</u>	<u>Jus</u>
12-7	2006	0500	3caps	<u>Cyrus Pearson</u>	<u>H. Williams</u>	<u>Jus</u>
12-8	2006	0500	3caps	<u>Refused</u>	<u>C. Veled</u>	<u>Jus</u>
12-9	2006	0500	3caps	<u>Refused</u>	<u>R. Cole</u>	<u>Jus</u>
12-10	2006	0500	3caps	<u>Cyrus Pearson</u>	<u>R. Cole</u>	<u>Jus</u>
12-11	2006	0500	3caps	<u>Cyrus Pearson</u>	<u>H. Williams</u>	<u>Jus</u>
12-12	2006	0500	3caps	<u>Cyrus Pearson</u>	<u>MR</u>	<u>Jus</u>
12-13	2006	0500	3caps	<u>Cyrus Pearson</u>	<u>MR</u>	<u>Jus</u>
12-14	2006	0500	3caps	<u>Cyrus Pearson</u>	<u>H. Williams</u>	<u>Jus</u>

DATE IN FOR REFILL

DATE REFILLED

DATE MED OUT W/O REFILL

NAME: <u>Pearson Cyrus</u>	COFFEE COUNTY JAIL	FEDERAL:
MEDICATION: <u>Phenytoin Extra 100mg</u>	ACA STANDARD FORM 2-2133	STATE:
R/X INSTRUCTIONS: <u>3 caps 1x daily</u>	MEDICATION SHEET	COUNTY:
<u>IHS</u>	CELLBLOCK <u>2</u>	CITY:

DATE	YR	TIME ISSUED	AMOUNT ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
12-15	2006	0500	3 caps	<u>Refused</u>	<u>R. Cole</u>	<u>IHS</u>
12-16	2006	0500	3 caps	<u>Cyrus Pearson</u>	<u>H. Williams</u>	<u>IHS</u>
12-17	2006	0500	3 caps	<u>Refused</u>	<u>R. Cole</u>	<u>IHS</u>
12-18	2006	0500	3 caps	<u>Refused</u>	<u>R. Cole</u>	<u>IHS</u>
12-19	2006	0500	3 caps	<u>Cyrus Pearson</u>	<u>MP</u>	<u>IHS</u>
12-20	2006	0500	3 caps	<u>Cyrus Pearson</u>	<u>MR</u>	<u>IHS</u>
12-21	2006	0500	3 caps	<u>Refused</u>	<u>R. Cole</u>	<u>IHS</u>
12-22	2006	0500	3 caps	<u>Refused</u>	<u>H. Williams</u>	<u>IHS</u>
12-23	2006	0500	3 caps	<u>Cyrus Pearson</u>	<u>R. Cole</u>	<u>IHS</u>
12-24	2006	0500	3 caps	<u>Refused</u>	<u>_____</u>	<u>IHS</u>
12-25	2006	0500	3 caps	<u>Refused</u>	<u>R. Cole</u>	<u>IHS</u>
12-26	2006	0500	3 caps	<u>Refused</u>	<u>MP</u>	<u>IHS</u>
12-27	2006	0500	3 caps	<u>Cyrus Pearson</u>	<u>MP</u>	<u>IHS</u>
12-28	2006	0500	3 caps	<u>Cyrus Pearson</u>	<u>H. Williams</u>	<u>IHS</u>
12-29	2006	0500	3 caps	<u>Cyrus Pearson</u>	<u>_____</u>	<u>IHS</u>
12-30	2006	0500	3 caps	<u>Refused</u>	<u>R. Cole</u>	<u>IHS</u>

DATE IN FOR REFILL _____

DATE REFILLED _____

DATE MED OUT W/NO REFILL _____

NAME: <i>Person Crans</i>	COFFEE COUNTY JAIL	FEDERAL:
MEDICATION: <i>Phenytoin Exten 100mg</i>	ACA STANDARD FORM 2-2133	STATE:
R/X INSTRUCTIONS: <i>3cap 1x day</i>	MEDICATION SHEET	COUNTY:
<i>FFS</i>	CELLBLOCK <i>2</i>	CITY:

[illegible]

DATE IN FOR REFILL _____	DATE REFILLED _____	DATE MED OUT w/NO REFILL _____
--------------------------	---------------------	--------------------------------

NAME: Cyrus Picson COFFEE COUNTY JAIL FEDERAL: _____

MEDICATION: Phenytoin Ethen 100mg ACA STANDARD FORM 2-2133 STATE: _____

RX INSTRUCTIONS: 3cap @ Q200 MEDICATION SHEET COUNTY: _____

IHS CELLBLOCK 2 CITY: _____

DATE	YR	TIME ISSUED	AMT. ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
11-01	2007	0500	3cap	Refused	R. Cole	IHS
11-02	2007	0500	3cap	Refused	MR	IHS
11-03	2007	0500	3cap	Refused	Phenytoin	IHS
11-04	2007	0500	3cap	Refused	Phenytoin	IHS
11-05	2007	0500	3cap	Phenytoin	R. Cole	IHS
11-06	2007	0500	3cap	Phenytoin	Phenytoin	IHS
11-07	2007	0500	3cap	Phenytoin	R. Cole	IHS
11-08	2007	0500	3cap	Phenytoin	Phenytoin	IHS
11-09	2007	0500	3cap	Refused	MR	IHS
11-10	2007	0500	3cap	Refused	MR	IHS
11-11	2007	0500	3cap	Refused	R. Cole	IHS
11-12	2007	0500	3cap	Refused	Phenytoin	IHS
11-13	2007	0500	3cap	Phenytoin	R. Cole	IHS
11-14	2007	0500	3cap	Phenytoin	R. Cole	IHS
11-15	2007	0500	3cap	Phenytoin	Phenytoin	IHS
11-16	2007	0500	3cap	Phenytoin	MR	IHS

DATE IN FOR REFILL _____ DATE REFILLED _____ DATE MED OUT w/NO REFILL _____

OUT of Jail

NAME: <u>Cyrus Pierson</u>	COFFEE COUNTY JAIL	FEDERAL:
MEDICATION: <u>Phenytoin Exten 100mg</u>	ACA STANDARD FORM 2-2133	STATE:
R/X INSTRUCTIONS: <u>3 Caps 1 X 4 day</u>	MEDICATION SHEET	COUNTY:
<u>IHS</u>	CELLBLOCK <u>2</u>	CITY:

DATE	YR	TIME ISSUED	AMOUNT ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
4-13	2007	0500	3 Caps	<u>Cyrus Pierson</u>	<u>MR</u>	<u>IHS</u>
4-14	2007	0500	3 Caps	<u>Refused</u>	<u>MR</u>	<u>IHS</u>
4-15	2007	0500	3 Caps	<u>Refused</u>	<u>MR</u>	<u>IHS</u>
4-16	2007	0500	3 Caps	<u>Refused</u>	<u>MR</u>	<u>IHS</u>
04-17	2007	0500	3 Caps	<u>Cyrus Pierson</u>	<u>CR</u>	<u>IHS</u>
04-18	2007	0500	3 Caps	<u>Cyrus Pierson</u>	<u>MR</u>	<u>IHS</u>
4-19	2007	0500	3 Caps	<u>Refused</u>	<u>MR</u>	<u>IHS</u>
4-20	2007	0500	3 Caps	<u>Cyrus Pierson</u>	<u>MR</u>	<u>IHS</u>
4-21	2007	0500	3 Caps	<u>Refused</u>	<u>MR</u>	<u>IHS</u>
4-22	2007	0500	3 Caps	<u>Refused</u>	<u>MR</u>	<u>IHS</u>
4-23	2007	0500	3 Caps	<u>Cyrus Pierson</u>	<u>MR</u>	<u>IHS</u>
04-24	2007	0500	3 Caps	<u>Refused</u>	<u>CR</u>	<u>IHS</u>
04-25	2007	0500	3 Caps	<u>Cyrus Pierson</u>	<u>MR</u>	<u>IHS</u>
4-26	2007	0500	3 Caps	<u>Refused</u>	<u>MR</u>	<u>IHS</u>
4-27	2007	0500	3 Caps	<u>Refused</u>	<u>MR</u>	<u>IHS</u>
4-28	2007	0500	3 Caps	<u>Refused</u>	<u>MR</u>	<u>IHS</u>

DATE IN FOR REFILL _____

DATE REFILLED _____

DATE MED OUT w/NO REFILL _____

NAME: <u>Cyrus Pierson</u>	COFFEE COUNTY JAIL	FEDERAL:
MEDICATION: <u>Phenytion 100mg</u>	ACA STANDARD FORM 2-2133	STATE:
RX INSTRUCTIONS: <u>3 Caps 1 X A day</u>	MEDICATION SHEET	COUNTY:
<u>Bottle</u>	CELLBLOCK <u>2</u>	CITY:

DATE	YR	TIME ISSUED	AMOUNT ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
4-29	2007	0500	3Caps	Refused	MR	guc
4-30	2007	0500	3Caps	Refused	MR	guc
05-01	2007	0500	3caps	Cyrus Pierson	MR	guc
5/2	2007	0500	3 caps	Cyrus Pierson	MR	guc
5-3	2007	0500	3caps	Refused	MR	guc
5-4	2007	0500	3Caps	Refused	MR	guc
5-5	2007	0500	3caps	Refused	MR	guc
5-6	2007	0500	3caps	Refused	MR	guc
5-7	2007	0500	3caps	Refused	MR	guc
5-8	2007	0500	3Caps	Refused	MR	guc
5-9	2007	0500	3Caps	Refused	MR	guc
5/10	2007	0500	3CAPS	Cyrus Pierson	MR	guc
5/11	2007	0500	3 Caps	Cyrus Pierson	MR	guc
5-12	2007	0500	3 Caps	Refused	MR	guc
5-13	2007	0500	3Caps	Refused	MR	guc
5-14	2007	0500	3.Caps	Refused	MR	guc

DATE IN FOR REFILL _____ DATE REFILLED _____ DATE MED OUT w/NO REFILL _____

NAME: <i>Cyrus Pearson</i>	COFFEE COUNTY JAIL	FEDERAL:
MEDICATION: <i>Phenytoin 100mg</i>	ACA STANDARD FORM 2-2133	STATE:
R/X INSTRUCTIONS: <i>3 caps 1x daily</i>	MEDICATION SHEET	COUNTY:
<i>bottle</i>	CELLBLOCK <i>2</i>	CITY:

DATE	YR	TIME ISSUED	AMOUNT ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
5/15	2007	0500	3 caps	<i>Revised</i>	<i>MPK</i>	<i>Waney</i>
5/16	2007	0500	3 caps	<i>Cyrus Pearson</i>	<i>MS.</i>	<i>Waney</i>
5-17	2007	0500	3 caps	<i>Cyrus Pearson</i>	<i>H. Williams</i>	<i>Waney</i>
5-18	2007	0500	3 caps	<i>Cyrus Pearson</i>	<i>MS.</i>	<i>Waney</i>
5/19	2007	0500	3 caps	<i>Cyrus Pearson</i>	<i>MS.</i>	<i>Waney</i>
5/20	2007	0500	3 caps	<i>Cyrus Pearson</i>	<i>MS.</i>	<i>Waney</i>
5/21	2007	0500	3 caps	<i>Cyrus Pearson</i>	<i>MS.</i>	<i>Waney</i>
5-22	2007	0500	3 caps	<i>Cyrus Pearson</i>	<i>MS.</i>	<i>Waney</i>
5-23	2007	0500	3 caps	<i>Cyrus Pearson</i>	<i>MS.</i>	<i>Waney</i>
5/24	2007	0500	3 caps	<i>Cyrus Pearson</i>	<i>MS.</i>	<i>Waney</i>
5/25	2007	0500	3 caps	<i>Cyrus Pearson</i>	<i>MS.</i>	<i>Waney</i>
5-26	2007	0500	3 caps	<i>Cyrus Pearson</i>	<i>MS.</i>	<i>Waney</i>
5-27	2007	0500	3 caps	<i>Cyrus Pearson</i>	<i>MS.</i>	<i>Waney</i>
5-28	2007	0500	3 caps	<i>Cyrus Pearson</i>	<i>MS.</i>	<i>Waney</i>
5/29	2007	0500	3 caps	<i>Cyrus Pearson</i>	<i>MS.</i>	<i>Waney</i>
5/30	2007	0500	3 caps	<i>Cyrus Pearson</i>	<i>MS.</i>	<i>Waney</i>

DATE IN FOR REFILL _____ DATE REFILLED _____ DATE MED OUT W/NO REFILL _____

1-2-9-11

NAME: <u>Cyrus Pierson</u>	COFFEE COUNTY JAIL	FEDERAL:
MEDICATION: <u>Phenytoin 100mg</u>	ACA STANDARD FORM 2-2133	STATE:
R/X INSTRUCTIONS: <u>caps 1 x daily</u>	MEDICATION SHEET	COUNTY:
	CELLBLOCK <u>4</u>	CITY:

DATE	YR	TIME ISSUED	AMT. ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
5-31	2007	0500	3 tab/cap	<i>Cyrus Pierson</i>	<i>MR</i>	<i>guc</i>
6-1	2007	0500	3 tab/cap	<i>Cyrus Pierson</i>	<i>MR</i>	<i>guc</i>
6-2	2007	0500	3 tab/cap	<i>Cyrus Pierson</i>	<i>MR</i>	<i>MSC</i>
6-3	2007	0500	3 tab/cap	<i>Cyrus Pierson</i>	<i>MR</i>	<i>MSC</i>
6-4	2007	0500	3 tab/cap	<i>Cyrus Pierson</i>	<i>MR</i>	<i>MSC</i>
6-5	2007	0500	3 tab/cap	<i>Cyrus Pierson</i>	<i>MR</i>	<i>MSC</i>
6-6	2007	0500	3 tab/cap	<i>Cyrus Pierson</i>	<i>MR</i>	<i>guc</i>
6-7	2007	0500	3 tab/cap	<i>Cyrus Pierson</i>	<i>MR</i>	<i>guc</i>
6-8	2007	0500	3 tab/cap	<i>Cyrus Pierson</i>	<i>MR</i>	<i>MSC</i>
6-9	2007	0500	3 tab/cap	<i>Cyrus Pierson</i>	<i>MR</i>	<i>MSC</i>
6-10	2007	0500	3 tab/cap	<i>Cyrus Pierson</i>	<i>MR</i>	<i>guc</i>
6-11	2007	0500	3 tab/cap	<i>Cyrus Pierson</i>	<i>MR</i>	<i>guc</i>
6-12	2007	0500	3 tab/cap	<i>Cyrus Pierson</i>	<i>MR</i>	<i>MSC</i>
6-13	2007	0500	3 tab/cap	<i>Cyrus Pierson</i>	<i>MR</i>	<i>MSC</i>
6-14	2007	0500	3 tab/cap	<i>Cyrus Pierson</i>	<i>MR</i>	<i>MSC</i>
6-15	2007	0500	3 tab/cap	<i>Cyrus Pierson</i>	<i>MR</i>	<i>MSC</i>

DATE IN FOR REFILL _____ DATE REFILLED _____ DATE MED OUT w/NO REFILL _____

NAME: <u>Cyrus Plersen</u>	COFFEE COUNTY JAIL	FEDERAL:
MEDICATION: <u>Phenytoin 100mg</u>	ACA STANDARD FORM 2-2133	STATE:
R/X INSTRUCTIONS: <u>3 tabs x daily</u>	MEDICATION SHEET	COUNTY:
	CELLBLOCK <u>4</u>	CITY:

DATE	YR	TIME ISSUED	AMT. ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
6/16	2007	0500	3 tab/cap	rcvd med	EJ	Nancy
6/17	2007	0500	3 tab/cap			Nancy
6/18	2007	0500	3 tab/cap	rcvd med <u>rcvd med</u>		Nancy
	2007	0500	tab/cap			
	2007	0500	tab/cap			
	2007	0500	tab/cap			
	2007	0500	tab/cap			
	2007	0500	tab/cap			
	2007	0500	tab/cap			
	2007	0500	tab/cap			
	2007	0500	tab/cap			
	2007	0500	tab/cap			
	2007	0500	tab/cap			
	2007	0500	tab/cap			
	2007	0500	tab/cap			
	2007	0500	tab/cap			
	2007	0500	tab/cap			
	2007	0500	tab/cap			
	2007	0500	tab/cap			

DATE IN FOR REFILL _____ DATE REFILLED _____ DATE MED OUT w/NO REFILL _____

NAME: Cyrus Pierson COFFEE COUNTY JAIL FEDERAL: _____

MEDICATION: Phenytoin Exten 100mg ACA STANDARD FORM 2-2133 STATE: _____

R/X INSTRUCTIONS: 1 x daily MEDICATION SHEET COUNTY: _____

bottle CELLBLOCK 1 CITY: _____

DATE	YR	TIME ISSUED	AMT. ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
6-18	2007	0500	3 tab/cap	Cyrus Pierson	MR	guc
6-19	2007	0500	3 tab/cap	Cyrus Pierson	MR	guc
6-21	2007	0500	3 tab/cap	Cyrus Pierson	MR	guc
6-22	2007	0500	3 tab/cap	Cyrus Pierson	MR	guc
6-23	2007	0500	3 tab/cap	Cyrus Pierson	MR	guc
6-24	2007	0500	3 tab/cap	Cyrus Pierson	MR	guc
6-25	2007	0500	3 tab/cap	Cyrus Pierson	MR	guc
6-26	2007	0500	3 tab/cap	Cyrus Pierson	MR	guc
6-27	2007	0500	3 tab/cap	Cyrus Pierson	MR	guc
6-28	2007	0500	3 tab/cap	Cyrus Pierson	MR	guc
6-29	2007	0700	3 tab/cap	Cyrus Pierson	MR	guc
6-30	2007	0500	3 tab/cap	Cyrus Pierson	MR	guc
7-1	2007	0500	3 tab/cap	Cyrus Pierson	MR	guc
7-2	2007	0500	3 tab/cap	Cyrus Pierson	MR	guc
7-3	2007	0500	3 tab/cap	Cyrus Pierson	MR	guc
7-4	2007	0500	3 tab/cap	Cyrus Pierson	MR	guc

DATE IN FOR REFILL _____

DATE REFILLED _____

DATE MED OUT w/NO REFILL _____

BLOOD PRESSURE RECORD

Name of Inmate:

[illegible]

Name Cyrus Pierson Date 3-11-05 Time 1030 A.M.
Address _____ Age 18 Sex male

☒ County Prisoner ☐ State Prisoner ☐ Other T 102.1

Complaint: Seizures 40 throatroat, fever, Prescription for dilantin.

History of Complaint: Phenytoin 100MG (Dilantin)

Doctor Impression: Influenza

Treatment:

- 1) Amox 500mg PM
- 2) Tamiflu 75mg bid x 5d

[Signature]
Doctor Signature

Quality Printing Co.

HENRY S. COCHRAN, M.D.

OFFICE
1208 HIGHLAND DRIVE
ELBA, ALABAMA 36323

DEA NO. AC7370606
ALA. REG. NO. 7628

OFFICE PHONE
897 3416

For Cyrus Pierson

Address _____

3/11/05

Rx

Tamiflu 75mg

Dilanti 100mg

#10

#90

sig 2 bid

sig 2 bid

LABEL ALL RX'S

REFILL 0 1 2 3 4 5

[Signature] M.D.
PRESCRIPTION SUBSTITUTION PERMITTED

DISPENSE AS WRITTEN

Coffee County

HENRY S. COCHRAN, M.D.

OFFICE
1208 HIGHLAND DRIVE
ELBA, ALABAMA 36323

DEA NO. AC7370606
ALA. REG. NO. 7628

OFFICE PHONE
897 3416

For Cyrus Pierson

Address 3/11/05

Rx

Tamiflu 750

Dilantin 1000

#10

#90

5-8 + bid

5-8 + bid

LABEL ALL RX'S

REFILL 0 1 2 3 4 5

H. S. Cochran M.D.
PRESCRIPTION SUBSTITUTION PERMITTED

DISPENSE AS WRITTEN M.D.

Cyrus Pierson

Coffee County Jail
New Brockton, AL.

Faxed

3-11-05

J. Roberts

400 North Edwards Street
Enterprise, Alabama 36330
(334) 347-0584

Name Cyrus Pierson Date 7/30/06

Address _____

~~R Dilantin 100 mg 3 po
prior to bedtime tonight
Then 3 po qd
#90~~

LABEL

REFILL 0 1 2 3 4 PRN

BNDD NO. 18257
Form No. RX-1

PRODUCT SELECTION PERMITTED

M.D.

(D) PHILIP TSOLAKIS
ME# FLME71708 M.D.
DEA# BT4546478

AL REG NO. _____

MEDICAL CENTER ENTERPRISE

400 North Edwards Street
Enterprise, Alabama 36330
(334) 347-0584

Name Cyrus Pierson Date 7/30/06

Address _____

R Dilantin 100 mg 3 po
prior to bedtime dentist
Thurs 3 po qd
90

LABEL

REFILL ☒ 1 2 3 4 PRN

BNDD NO. 18257
Form No. RX-1

PRODUCT SELECTION PERMITTED

M.D.



PHILIP TSOLAKIS

ME# ~~FLME71708~~

DEA# BT4546478

M.D.

AL. REG NO. _____

MEDICATION INFORMATION FORM FACILITY/CODE: COFFEE CO(AL)(CF)

PLEASE PRINT CLEARLY AND COMPLETE ALL FIELDS, SO THAT WE MAY PROCESS EACH ORDER ACCURATELY

LAST NAME: Leison FIRST NAME: Lyne

SS #: 422-23-0259 BIRTHDATE: 09-16-86

CIRCLE ONE: CITY COUNTY STATE FEDERAL

MUST HAVE SSN & DOB TO FILL ANY CONTROLLED SUBSTANCES

BILL TO:
(IF DIFFERENT ACCOUNT)

ALLERGY CELL BLOCK

ALIAS IF KNOWN:

BOOK IN #

INS#

PERSON COMPLETING FORM:

DRUG NAME

STRENGTH

DIRECTIONS

PHYSICIAN

HOUR(S) GIVEN

START DATE

QTY

REFILLS

PRESCRIPTION

10/10/05

#ORASIMED INFO FORM CUSTOM 2001.DOC

DISPENSE AS WRITTEN

MD./P.A./F.N.P./C.R.N.P. SIGNATURE REQUIRED

PRODUCT SELECTION PERMITTED

IHS Pharmacy

Independent Health Services, Inc.
Post Office Box 1428
Rainsville, AL 35986
Phone: 1(800)638-3104
Fax: 1(800)638-9459

Final 8-8-06

Ruth Phelps

THE INFORMATION CONTAINED IN THIS FACSIMILE TRANSMISSION IS PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED FOR THE USE OF THE ADDRESSEE LISTED ABOVE. IF YOU ARE NOT THE INTENDED RECIPIENT, EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THIS INFORMATION, YOU ARE HEREBY NOTIFIED THAT ANY DISCLOSURE, COPYING, DISTRIBUTION, ETC., IS STRICTLY PROHIBITED. IF YOU RECEIVED THIS FACSIMILE IN ERROR, PLEASE CALL 1(800)638-3104.

Date : AUG-8-2006 TUE 07:24AM
Name : COFFEE COUNTY JAIL NEW BROCKTON AL
Tel. : 8946231

Phone : 18006389459
Pages : 2
Start Time : 08-08 07:23AM
Elapsed Time : 00'45"
Mode : ECM
Result : Ok



Copy

COFFEE COUNTY JAIL
BEN MOATES, SHERIFF
ZACK ENNIS, ADMINISTRATOR
phone: 334-894-5535
fax: 334-804-6231

MEDICAL TRANSPORT SHEET

Date: 3-14-05

Name of Inmate:

Cyrus Pierson

Reason for Medical Care:

wound to head

Transported From:

County Jail

Transported To:

Medical Center Enterprise

Time of Transport:

1243

Transporting Officer:

D. Lopen

Inmate Classification (Check One)

Federal

State

County

(City) Enterprise

Elba

New Brockton

Kinston

*This form to be completed for each inmate receiving any medical treatment

MEDICAL CENTER ENTERPRISE

400 North Edwards Street
Enterprise, Alabama 36330
(334) 347-0584

CHARLES WINDREY
PA 055

Name

Cyrus Pearson

Date

3/14/05

Address

R

Keflex 500
100 360
#40

LABEL

REFILL 0

2 3 4 PRN

PRODUCT SELECTION PERMITTED

M.D.

DISPENSE AS WRITTEN

M.D.

BNDD NO.

AL. REG. NO.

Form No. RX-1

COFFEE COUNTY (ALA.) JAIL PATIENT RECORD

Name

Pearson Cyrus

Date

3-14-05

Time

1300

A.M.

P.M.

Address

Age

Sex Male

☒ County Prisoner☐ State Prisoner☐ Other

Complaint: (L) SIDE OF FACE WOUND

Pt evaluated by Dr. Rogers. Wound too old to suture. Pt given a shot of Rocephin 1gm. Given a prescription for Keflex (antibiotic).

History of Complaint:

Doctor Impression:

Treatment:

W. J. Jolley RN
Doctor Signature

Name

Cyrus Pierson

Date

3/14/05

Address

R

Keflex 500

100 360

40

LABEL

REFILL

0

2 3 4 PRN

PRODUCT SELECTION PERMITTED

M.D.

DISPENSE AS WRITTEN

M.D.

BNDD NO.

AL. REG. NO.

Form No. RX-1

Cyrus Pierson

COFFEE COUNTY INMATE

FAXED FROM COFFEE COUNTY JAIL

3-14-05

D. Apert

CONDITIONS FOR TREATMENT

1. MEDICAL AND SURGICAL TREATMENT AND BLOOD TRANSFUSION CONSENT: A patient's care is under the control of his or her attending physicians and the Hospital is not liable for any act or omission in following the instructions of that physician. The undersigned consent to any radiological examination, laboratory procedure, anesthesia, Emergency Room treatment, medical, surgical or diagnostic treatment or hospital services rendered the patient under the general and special instructions of the physician. The undersigned recognizes that all physicians furnishing services to the patient, including the radiologist, anesthesiologist, and emergency room physician are independent contractors and are neither employees nor agents of the Hospital.
2. RELEASE OF INFORMATION: The hospital may disclose all or any part (including Social Security number) of the patient's medical record to any person or corporation which is or may be liable under a contract to the Hospital or the patient or to a family member or employer of the patient for all or part of the Hospital's charge including, but not limited to, hospital or hospital utilization review entities, including the Peer Review Organizations that may perform Medicare/Medicaid/Champus review or those who have an agreement with the patient's employer, insurance companies, workmen's compensation carriers, Veterans Administration, welfare or the patient's employer. The Hospital may disclose any information concerning my case which is necessary or appropriate concerning my case which is necessary and/or appropriate for medical research. This authorization includes, but is not limited to, the release of information relating to drug, alcohol, HIV/AIDS, and/or psychiatric treatment as specified in Volume 42 of the code of Federal Regulations Part 2. I further authorize any hospital, health care institution, or physician that attended me previously to furnish medical records including radiologic films and laboratory test results which may be requested by the Hospital or my attending physician. This constitutes my specific authorization and consent, under Alabama Statute, to release my prior medical records to Medical Center Enterprise and to my physician(s).
3. RELEASE FROM LIABILITY FOR VALUABLES: I have been made aware that Medical Center Enterprise provides facilities for the safekeeping of my valuables and, therefore, I release the Hospital from any responsibility due to loss or damage of my clothing, money, jewelry, glasses, dentures or other items of value that I might keep at my bedside, or that may be brought to me by my friends or relatives unless deposited with the Hospital for safekeeping.
4. GUARANTOR/FINANCIAL AGREEMENT: The undersigned and/or patient is entitled to Hospital and/or Physician's benefits of any type whatsoever arising out of any insurance policy or any other party liable to the patient, such benefits are hereby assigned to Medical Center Enterprise, and/or Physician having performed services for this patient during his/her stay at Medical Center Enterprise, and the Radiologist, Pathologist, Anesthesiologist and/or other attending or consulting Physicians, for application to the patient's bill. It is agreed that the Hospital and/or Physician may receipt for any such payment, and such payment will discharge the said insurance company of all obligations under the policy to the extent of such payment. The undersigned and/or patient agrees to be responsible for charges not paid by the assignment. Should the account be referred for collection, the undersigned shall pay reasonable attorney's fees and collection expense. All delinquent accounts may be assessed interest at the legal rate.
5. ASSIGNMENT OF INSURANCE BENEFITS: In the event the undersigned is entitled to hospital benefits of any type whatsoever arising out of any policy of insurance insuring patient of any party liable to patient, such benefits are hereby assigned to Medical Center Enterprise for application on patient's bill, and it is agreed that the Hospital may receipt any such payment and such payment shall discharge the said insurance company of any and all obligation under the policy of the extent of such payment, the undersigned and/or patient being responsible for charges not covered by assignment.
6. PHYSICIAN INSURANCE ASSIGNMENT: I, the above named subscriber, hereby authorize payment directly to any physician examining or treating me or any group and/or individual surgical and/or medical radiologist, anesthesiologist, pathologist, emergency room physician and neonatologist benefits herein specified and otherwise payable to me for the services as described but not to exceed the reasonable and customary charge for these services.
7. NOTICE OF OCCUPATIONAL EXPOSURE: Occasionally healthcare workers may experience exposure to your blood or body fluids. If this type of exposure occurs, it may be necessary to perform a blood test on you for the Hepatitis B Virus and the HIV (AIDS) Virus. The testing will be done in a manner intended to preserve your privacy and at no cost to you or your family. The test results will be treated as confidential medical information and will be placed in your hospital medical record. Test results will be reported to others only at your request and with your consent, or as required by law and the policies of Medical Center Enterprise.

THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS READ OR HAD THE FOREGOING INFORMATION EXPLAINED, HAS RECEIVED A COPY, AND IS THE PATIENT OR IS DULY AUTHORIZED BY THE PATIENT AS THE PATIENT'S GENERAL AGENT TO EXECUTE THE ABOVE AND ACCEPT ITS TERMS.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

"I certify that I have received a copy of Medical Center Enterprise's Notice of Privacy Practices on the date indicated."

Cyrus Pierson
Patient Signature

3-14-05
Date

Authority to Sign if Not Patient

ASSIGNMENT OF MEDICARE BENEFITS: PATIENT CERTIFICATION, AUTHORIZATION TO RELEASE INFORMATION AND PAYMENT REQUEST.

INITIAL BLOCK IF APPLICABLE ☐

"I certify that the information given by me in applying for payment under XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its' intermediates or carriers any information needed to for this or a related claim. I request that payment of authorized benefits be made on my behalf. I assign the benefits payable for physicians' services or authorize such physicians or organization to submit a claim to Medicare for payment to me. I understand that I am responsible for Part A deductible for each spell of illness, the Part B deductible for each year, the remaining 20% of reasonable charges and any personal charges incurred.

ACKNOWLEDGMENT OF MEDICAID ☐

"I certify that I am a recipient of the Medicaid program, and request that payment of authorized benefits be made on my behalf. I authorize the treating physician, hospital and hospital insurance carrier to make available to the Alabama Department of the Medical Assistance and requested information concerning medical, insurance and financial records relating to my hospitalization. I hereby certify all hospital insurance shall be assigned to the hospital and/or treating physician for services provided.

Cyrus Pierson
Patient Signature

3-14-05
Date

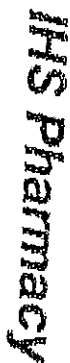
Guarantor or Guardian Signature

[Signature]
Witness

3-14-05
Date

TRANSMISSION REPORT

DATE: 07/19/2007
TIME: 10:00 AM
TO: [REDACTED]
FROM: [REDACTED]
SUBJECT: [REDACTED]
PAGE: 01
REMARKS: [REDACTED]



Phone: 1(800)638-3104
Fax: 1(800)638-9459

FACILITY/FACILITY CODE: COFFEE CO JAIL (AL)(CF)

INFLATE NAVIG

RELEASE DATE/DISPENSE STOP DATE

Cyrtus piersoni

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FOR IMMEDIATE RELEASE CUSTOM FOR LDC 04/01

AUTHORIZED SIGNATURE

500000

DATE 3/23/05

DATE 7/23/05

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Phone: 1(800)638-3104
Fax: 1(800)638-9459

FACILITY/FACILITY CODE: COFFEE CO JAIL (AL)(CF)

PLEASE PRINT CLEARLY, SO THAT WE MAY PROCESS EACH ORDER ACCURATELY

[illegible]

AUTHORIZED SIGNATURE

G. Robert

DATE 2/10/05

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TRANSMISSION REPORT

FROM: [REDACTED] 201 410 001
TO: [REDACTED] 201 410 001
SUBJECT: [REDACTED]
RECEIVED: [REDACTED]
DATE: [REDACTED]

MEDICATION INFORMATION FORM

FACILITY/CODE: COFFEE CO JAIL (AL)(CF)

PLEASE PRINT CLEARLY AND COMPLETE ALL FIELDS, SO THAT WE MAY PROCESS EACH ORDER ACCURATELY

LAST NAME:

Pierse

FIRST NAME:

Cyrus

SS #:

BIRTHDATE:

CIRCLE ONE:

CITY

COUNTY

STATE

FEDERAL

ALLERGY:

CELL BLOCK:

BILL TO:

(IF DIFFERENT ACCOUNT)

BOOK IN #:

INS #:

ALIAS IF KNOWN:

DRUG NAME

Rx # 6014999

STRENGTH

DIRECTIONS

PHYSICIAN

HOUR(S)
GIVENSTART
DATE

QTY

REFILL
S

Phenytoin 500 Ext

100 mg

1 cap 3 X a day

Douglas Jones

0600
1200
1800

12-7-04

100

2

Martin Colley Drugs

Enterprise, AL

334-347-6865

R.N./L.P.N. SIGNATURE:

FORWARDED INFO FORM CUSTOM 2001200C

M.D. SIGNATURE:

THE INFORMATION CONTAINED IN THIS FACSIMILE TRANSMISSION IS PRINTED AND CONFIDENTIAL INFORMATION INTENDED FOR THE USE OF THE ADDRESSEE LISTED ABOVE. IF YOU ARE NOT THE INTENDED RECIPIENT, EMPLOYEE NOR AGENT RESPONSIBLE FOR DELIVERING THIS INFORMATION, YOU ARE HEREBY NOTIFIED THAT ANY DISCLOSURE, COPYING, DISTRIBUTION, ETC., IS STRICTLY PROHIBITED. IF YOU RECEIVED THIS FACSIMILE IN ERROR, PLEASE CALL 1(800)328-3104.

IHS Pharmacy

Independent Health Services, Inc.
Post Office Box 1428
Rainsville, AL 35986

Phone: 1(800)638-3104
Fax: 1(800)638-9459

MEDICATION INFORMATION FORM

FACILITY/CODE: COFFEE CO JAIL (AL)(CF)

PLEASE PRINT CLEARLY AND COMPLETE ALL FIELDS, SO THAT WE MAY PROCESS EACH ORDER ACCURATELY

LAST NAME:

Michiels

FIRST NAME:

Carl

SS #:

BIRTHDATE:

CIRCLE ONE: CITY

COUNTY

STATE

FEDERAL

ALLERGY:

CELL BLOCK:

BILL TO:

(IF DIFFERENT ACCOUNT)

BOOK IN #:

INS #:

ALIAS IF KNOWN:

DRUG NAME

Rx# 35575

STRENGTH

DIRECTIONS

PHYSICIAN

HOUR(S)
GIVENSTART
DATE

QTY.

REFILL
S

Amitriptyline HCl

50mg

1 tab @ bedtime

Hackett

2200

6-7-05

30

2

Pharmicare

Enterprise, AL.

334-347-5111

R.N./L.P.N. SIGNATURE:

FORWARDED INFO FORM CUSTOM 2001.DOC

M.D. SIGNATURE:

THE INFORMATION CONTAINED IN THIS FACSIMILE TRANSMISSION IS PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED FOR THE USE OF THE ADDRESSEE LISTED ABOVE. IF YOU ARE NEITHER THE INTENDED RECIPIENT, EMPLOYEE NOR AGENT RESPONSIBLE FOR DELIVERING THIS INFORMATION, YOU ARE HEREBY NOTIFIED THAT ANY DISCLOSURE, COPYING, DISTRIBUTION, ETC., IS STRICTLY PROHIBITED. IF YOU RECEIVED THIS FACSIMILE IN ERROR, PLEASE CALL 1(800)338-5101.

IHS Pharmacy

Independent Health Services, Inc.
Post Office Box 1428
Rainsville, AL 35986Phone: 1(800)638-3104
Fax: 1(800)638-9459

TRANSMISSION REPORT

PHONE/TTI NO. 2566381061
DATE AND TIME 04~21 08:13PM
DURATION 00'46
MODE
PAGE 01
RESULT GOOD

Phone: 1(800)638-3104
Fax: 1(800)638-9459

FACILITY/FACILITY CODE: COFFEE CO JAIL (AL)(CF)

PLEASE PRINT CLEARLY, SO THAT WE MAY PROCESS EACH ORDER ACCURATELY

RELEASE DATE/DISPENSE STOP DATE

Lyrus Piereson

20-12-7

7092

4-21-7

Subject

AUTHORIZED SIGNATURE

FORU\$INITE RELEASE CUSTON FORALDOC 04/0

DATE

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Phone: 1(800)638-3104
Fax: 1(800)638-9459

FACILITY/FACILITY CODE: COFFEE CO JAIL (AL)(CF)

PLEASE PRINT CLEARLY, SO THAT WE MAY PROCESS EACH OPEN ACCOUNT.

[illegible]

Harriet Jacobs

DATE 4/2/01

THE INFORMATION CONTAINED IN THIS FACSIMILE AND ANY ATTACHMENTS IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED, AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF YOU HAVE RECEIVED THIS FACSIMILE IN ERROR, YOU ARE PROHIBITED FROM COPYING, DISTRIBUTING, OR USING THE INFORMATION. PLEASE CONTACT THE SENDER IMMEDIATELY AT 1(800)658-3104 AND DISPOSE OF YOUR ORIGINAL IMMEDIATELY.

DATE 7/12/06

TRANSMISSION REPORT

PHONE/TTI NO. 256 838 1061
DATE AND TIME 04-21 09:34PM
DURATION 00:46
MODE
PAGE 01
RESULT GOOD

S e n d i n g C o n f i r m

Date : JUL-15-2006 SAT 01:49AM
Name : COFFEE COUNTY JAIL NEW BROCKTON AL
Tel. : 8946231

Phone : 18006389459
Pages : 1
Start Time : 07-15 01:48AM
Elapsed Time : 00'29"
Mode : ECM
Result : Ok

Post Office Box 1428
Rainsville, AL 35986

FACILITY/FACILITY CODE: COFFEE CO JAIL (AL)(CF)

INMATE NAME

[illegible]

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AUTHORIZED SIGNATURE *Shirley Jones* / 3D Shift supervisor

DATE 7/15/2006

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TRANSMISSION REPORT

PHONE # 101 100 155 636 1061
DATE AND TIME 05-12 00:44PM
DURATION 00:44
MODE
PAGE 01
RESULT GOOD

Phone: 1(800)638-3104
Fax: 1(800)638-9459

FACILITY/FACILITY CODE: COFFEE CO JAIL (AL)(CF)

[illegible]

FOR IMMEDIATE RELEASE CUSTOM FORM 04/01

DATE 1/1

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DATE _____



His Pharmacy

Independent Health Services, Inc.

Post Office Box 1428

Rainsville, AL 35986

Phone: 1(800)638-3104

Fax: 1(800)638-9459

IMMEDIATE RELEASE FORM

FACILITY/FACILITY CODE: COFFEE CO JAIL (AL)(CF)

PLEASE PRINT CLEARLY, SO THAT WE MAY PROCESS EACH ORDER ACCURATELY

INMATE NAME	RELEASE DATE/DISPENSE STOP DATE
Cyrus Pierson	4-28-05
	Faxed 4-28-05 J.R. Roberts

FOR INMATE RELEASE CUSTOM FORM DOC 64071

AUTHORIZED SIGNATURE

DATE 1 / 1

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DATE / /

EXHIBIT V

Inmate file, Grievance Form, dated 4/19/2007

Grievance Form

Your Name: Cyrus Pearson

Date of Incident Leading to Complaint: 4-28-07

STATEMENT: Yesterday when they came in I was welding in the cell block, after the trustees finished the material of the door, like a black ash substance was all over the Cell Block, and all over the inside of the cell. Before lunch on first shift, I asked Dallas exactly 9 times, Mike Bryant exactly 5 times, and Ronnie Mancey exactly 3 times for a broom & mop. I wasn't the only one asking them, but before I knew it, it was 2:30 pm, 3rd shift was gone. It seems to me the only way to get something done is to curse them out so they can tell Captain Moss & then he call me up front to talk to him.

List of Witnesses, if any: Marcello Reed Pedro G. Cary William
Donald J. 28 Justin Knight Joseph Worsham
2 del WALTER SEAT
Dallas Rodgers Merlin Townsend
Chimothy Council James Bisham

Place Grievance in an envelope, your name on outside of envelope, and give to CO who will see it gets to the Jail Administrator.

They weren't busy 3 1/2 hrs. straight. That's just no excuse but being lazy as hell. It wouldn't have took no more then 10 min. of their time to get a mop bucket back here cause I don't like to live in filth.

All of the little particles on the floor
was just tiny grains of metal, & their were
pieces long enough for a shank. What if
somebody would've grabbed a handful &
tossed it in somebody's eyes, the proably
would've been blind forever

Cyrus Pierson
and

Cell Block 2 AKA. The Thunderdom

EXHIBIT W

**Remainder of Plaintiff's Inmate File not otherwise
attached as a separate exhibit**

Phone: 1(800)638-3104
Fax: 1(800)638-0450

FACILITY/FACILITY CODE: COFFEE CO JAIL (AL)(CF)

PLEASE PRINT CLEARLY SO THAT IT IS READABLE IN THIS SPACE
NAME (LAST, FIRST, MIDDLE) _____

INMATE NAME	RELEASE DATE/DISPENSE STOP DATE
Cyrus Pierson	1-16-87
Fayed	1-23-87
S. P. Black	

AUTHORIZED SIGNATURE

DATE

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DATE / /



COFFEE COUNTY JAIL
BEN MOATES, SHERIFF
ZACK ENNIS, ADMINISTRATOR
phone: 334-894-5535
fax: 334-804-6231

MEDICAL TRANSPORT SHEET

Date: 11-14-2006

Name of Inmate:

Person, Gens

Reason for Medical Care:

cut above Rt eye

Transported From:

CCJ

Transported To:

ENT Medical

Time of Transport:

14:45

Transporting Officer:

C/O Canade

Inmate Classification (Check One)

Federal ☐

State ☐

County ☒

(City) Enterprise ☐

Elba ☐

New Brockton ☐

Kinston ☐

*This form to be completed for each inmate receiving any medical treatment



COFFEE COUNTY JAIL
BEN MOATES, SHERIFF
ZACK ENNIS, ADMINISTRATOR
phone: 334-894-5535
fax: 334-804-6231

Copy

MEDICAL TRANSPORT SHEET

Date: 3-11-05

Name of Inmate: Cyrus Pierson

Reason for Medical Care: Dr. Appt.

Transported From: Coffee County Jail

Transported To: Dr. Cochran

Time of Transport: 10:00

Transporting Officer: S. Roberts

Inmate Classification (Check One)

Federal ☐

State ☐

County ☒

(City) Enterprise ☐ Elba ☐ New Brockton ☐ Kinston

*This form to be completed for each inmate receiving any medical treatment

50

ACR359

ALABAMA JUDICIAL DATA CENTER
COFFEE COUNTY
TRANSCRIPT OF RECORD
CONVICTION REPORT

CC 2006 000399.00 01
THOMAS E HEAD

CIRCUIT COURT OF COFFEE COUNTY

COURT ORI: 019025 J

STATE OF ALABAMA VS.

PIERSON CYRUS DESMOND
707 WEST ADAMS STREET
ENTERPRISE AL 36330

ALIAS:
ALIAS:

DC NO: GJ 2006 000092.00

G J: 06-92

SSN: 422230259

SID: 000000000

AIS: 000000

DOB: 09/16/1986 SEX: M HT: 5 08 WT: 140 HAIR: BLK EYE: BRO
RACE: () W (X) B () O COMPLEXION: AGE: FEATURES:

DATE OFFENSE: 11/30/2005 ARREST DATE: 11/30/2005 ARREST ORI: 0190000

CHARGES @ CONV	CITES	CT	CL	COURT ACTION	CA DATE
ATT -DISTRIBUTE DR	13A-012-203	01	B	GUILTY PLEA	05/21/2007
		00			00/00/0000
		00			00/00/0000

JUDGE: THOMAS E HEAD

PROSECUTOR: JARRELL LARRY C

PROBATION APPLIED	GRANTED	DATE	REARRESTED DATE	REVOKED	DATE
(X)Y()N	()Y()N	05212007	()Y()N	()Y()N	

15-18-8, CODE OF ALA 1975	IMPOSED	SUSPENDED	TOTAL	JAIL CREDIT
(X)Y()N CONFINEMENT:	01 00 000	04 00 000	05 00 000	00 00 180
PROBATION :	02 00 000		02 00 000	

DATE SENTENCED: 05/21/2007

SENTENCE BEGINS: 05/21/2007

PROVISIONS	COSTS/RESTITUTION	DUE	ORDERED
CONCURR SENT	RESTITUTION	\$0.00	\$0.00
SPLIT SENTENC	ATTORNEY FEE	\$0.00	\$0.00
DOC/SAPP PGM	CRIME VICTIMS	\$50.00	\$50.00
DRUG	COST	\$277.00	\$277.00
JAIL	FINE	\$0.00	\$0.00
	MUNICIPAL FEES	\$0.00	\$0.00
	DRUG FEES	\$1100.00	\$1100.00
	ADDTL DEFENDANT	\$0.00	\$0.00
	DA FEES	\$0.00	\$0.00
	COLLECTION ACCT	\$0.00	\$0.00
	JAIL FEES	\$0.00	\$0.00
	TOTAL	\$1427.00	\$1427.00

APPEAL DATE	SUSPENDED	AFFIRMED	REARREST
()Y()N	()Y()N	()Y()N	()Y()N

REMARKS:

THIS IS TO CERTIFY THAT THE
ABOVE INFORMATION WAS EXTRACTED
FROM OFFICIAL COURT RECORDS
AND IS TRUE AND CORRECT.

COPY

JAMES M COUNTS

07/06/2007

OPERATOR: JEL
PREPARED: 07/06/2007

IN THE CIRCUIT COURT OF COFFEE COUNTY, ALABAMA
ENTERPRISE DIVISION

STATE OF ALABAMA,

*

PLAINTIFF,

*

VS.

*

CASE NO. CC-2006-399

CYRUS D. PIERSON,

*

DEFENDANT.

*

GUILTY PLEA AND SENTENCING ORDER

Defendant, Cyrus D. Pierson, appeared before the Court and was represented by Hon. Steven E. Blair, Attorney at Law. The State was represented by Hon. Larry C. Jarrell, Assistant District Attorney for the Twelfth Judicial Circuit, State of Alabama.

Upon arraignment, the Defendant entered a plea of GUILTY to the offense of Attempted Distribution of a Controlled Substance (Marihuana), in violation of § 13A-12-203 of the Code of Alabama, 1975.

The Court conducted a colloquy and is satisfied that Defendant understands the nature of and elements required to constitute the crime charged against him and the range of penalty for said offense. The Court is further satisfied that Defendant knowingly, intelligently, and voluntarily waives his right to trial, by judge or jury, his right to confrontation, his right to the attendance of defense witnesses through compulsory process, and his right against compulsory self-incrimination. The Court finding a factual basis for the plea and/or being of the opinion that the Defendant fully understands the significance of same, accepts his plea of guilty.

The Defendant is pronounced and declared GUILTY of Attempted Distribution of a Controlled Substance (Marihuana), as charged in the indictment.

Defendant was then: (1) Afforded an opportunity to make a statement in his own behalf before sentencing and was further asked if he had anything to say as to why the sentence of the law

should not be imposed; and (2) Given an opportunity to present evidence as to any matter probative in the issue of sentence(s) and/or facts in mitigation of any penalties that are to be imposed.

The State was then afforded an opportunity to present evidence as to any matter probative to the issue of sentence(s) and/or facts in aggravation or mitigation of any penalties that are to be imposed. The District Attorney submitted the appropriate "Voluntary Sentencing Standards Worksheet" for the convicted offense, which was reviewed and considered prior to imposition of sentence.

The State further offered a "Settlement Agreement" containing, among other things, certain negotiated sentencing recommendations.

The Court having considered the settlement agreement offered, arguments of the parties, the sentencing standards worksheet, and all evidence presented, it is;

ORDERED that for Defendant's aforesaid conviction, he is hereby sentenced, on recommendation of the District Attorney, to serve five (5) years imprisonment in the Penitentiary of the State of Alabama, concurrently with sentence in CC-2006-23, and to pay costs, \$50.00 to be distributed to the Alabama Crime Victim Compensation Commission, \$100.00 assessment payable to the Department of Forensic Science Services Trust Fund, \$1,000.00 fine pursuant to the "Demand Reduction Assessment Act" (13A-12-281), and full reimbursement for indigent attorney fees.

Pursuant to plea agreement and under the provisions of the *Alabama Split Sentence Act*, Defendant's sentence is split with Defendant to serve one year imprisonment in the Coffee County ~~Courthouse~~ ^{Jail}, with balance suspended and Defendant placed on two years supervised probation. Defendant is given credit for all time served while awaiting trial and/or disposition in this case, same to be applied to the active portion of Defendant's sentence. (It was represented to the Court that Defendant has accumulated 180 days jail credit.)

During the probationary phase of Defendant's sentence, conditions of his probation are as follows: (a) Defendant shall not commit a crime; (b) Defendant shall report to his probation officer as

often as directed and abide by any special conditions of probation imposed by his supervising probation officer; (c) Defendant shall pay all taxed sums in accordance with a plan to be implemented through his supervising probation officer; and (d) Defendant enroll in and complete a substance abuse program approved by the Court Referral Officer.

The payment of all taxed sums is specifically made a condition of Defendant's probation, parole and/or other early release from penitentiary confinement. Should the Defendant be incarcerated in a State of Alabama Penitentiary or Correctional Facility and have income while therein, the Alabama Department of Corrections is ORDERED to pay twenty-five percent (25%) of Defendant's said funds (which funds of the Defendant the Department may come into possession of) to the Clerk of the Court, Coffee County, Alabama, as is allowed by law and said Department is ordered to pay same to the Clerk of the Court until such time as all ordered monies are paid in full.

Also as an additional part of Defendant's sentence, he is ordered to submit upon demand to the taking of a DNA sample or samples, as required by § 36-18-24, Code of Alabama, 1975.

Defendant reserved no issue(s) for purposes of appeal

DONE THIS THE 21st day of May, 2007.

Thomas S. Head, III
CIRCUIT JUDGE



cc: DA
SB
PJP
S.O.

CYRUS PIERSON
DEFENDANT

SETTLEMENT AGREEMENT

ENTERPRISE DIVISION

After discussion and negotiation between counsel for the defendant, defendant and the prosecution, it is agreed, subject to acceptance by the Court, that:

CASE NO: CC 2006-H-399

② CC-06-23

- ① The defendant will enter a plea of guilty to the charge(s) of:
① ATTEMPTED DISTRIBUTION OF CONTROLLED SUBSTANCE

② Burglary Third reduced to Receiving Stolen Property Third Degree

2. The prosecutor will recommend, and the defendant agrees to accept a sentence of:

IF ACCEPTED BY PLEA DATE: ~~THREE (3) YEARS PLUS FIVE (5) YEARS~~ split with ~~one~~ years ordered executed and balance suspended for ~~three (3) years~~ supervised probation. If after plea date, THREE (3) YEARS plus FIVE with balance suspended for 3 years probation.

1,000.00 Demand Reduction Assessment, \$100.00 Dept Forensic Sciences Fine, 6 months loss of driver's license, X CRO/SAP, \$ FINE

② Burglary 3rd reduced to Receiving Stolen Property Third Degree - One year concurrent

3. Whether sentence is Suspended? Split? Probation?

4. If probation is part of the agreement, Defendant will carry out all GENERAL conditions of probation. As a SPECIAL condition of probation, Defendant will pay court ordered monies at the rate of \$ per until court ordered monies are paid in full.

5. Defendant will pay RESTITUTION in the amount of \$ ~~500.00~~ To be determined to the Clerk of Court for distribution to Charlene Boulaby, College Street Enterprises

6. Defendant shall be ordered: to pay COSTS of court in each case; an assessment to the Crime Victim's Compensation Commission of \$ 50.00 AND defendant will () not be required to reimburse the State of Alabama for indigent attorney's fees.

7. Defendant affirmatively states Defendant reserves no issues for appeal. As a basis of this Settlement Agreement, Defendant waives/gives up any right of appeal in the aboved styled cause. Defendant acknowledges he is aware he has a right to demand a Pre-Sentence Report before Sentencing. Defendant expressly waives/gives up his right to demand a Pre-Sentence Report of Investigation before sentencing.

8. Defendant shall receive credit for time spent in custody while awaiting trial and/or disposition in this/these case(s). CREDIT FOR TIME SERVED WHILE AWAITING DISPOSITION OF THIS CASE 180 days

9. No other terms or conditions related to judgment and sentence in this/these case(s) are agreed on or contemplated by the defendant or the prosecutor. The parties stipulate Defendant has proper, prior felony conviction(s) which are to be used for enhancement of sentence.

May 21, 2007

Date

Cyrus Pierson
Signature of Defendant
[Signature]
Signature of Defendant's Counsel
[Signature]
Signature of Prosecutor

Having reviewed the settlement agreement entered into by the defendant and the prosecutor, the Court hereby:

☒ Accepts the Settlement Agreement and incorporates same in the judgment and sentence.

☐ Rejects the Settlement Agreement and modifies the terms as follows: _____

May 21, 2007

Date

Thomas E. Head, III
Judge

State of Alabama Unified Judicial System	EXPLANATION OF RIGHTS AND PLEA OF GUILTY (Non-Habitual Offender — Felony and Misdemeanor Circuit or District Court)	Case Number
Form CR-51(front) Rev. 7/96		

IN THE _____ COURT OF _____, ALABAMA
(Circuit or District) (Name of County)

STATE OF ALABAMA v. _____

Defendant

TO THE ABOVE-NAMED DEFENDANT: The Court, having been informed that you wish to enter a plea of guilty in this case, hereby informs you of your rights as a criminal defendant.

PENALTIES APPLICABLE TO YOUR CASE

You are charged with the crime of Unlawful Dist, which is a Class B Felony Misdemeanor. The Court has been informed that you desire to enter a plea of guilty to ☐ this offense or ☐ to the crime of Att Unlawful Dist which is a ☐ felony ☐ misdemeanor. The sentencing range for the above crime(s) is set out below:

MISDEMEANOR		FELONY	
Class A	Up to one (1) year imprisonment in the county jail, or a fine up to \$2,000, or both.	Class A	Not less than ten (10) years and not more than life or ninety-nine (99) years imprisonment in the state penitentiary, and may include a fine not to exceed \$20,000.
Class B	Up to six (6) months imprisonment in the county jail, or a fine up to \$1,000, or both.	Class B	Not less than two (2) years and not more than twenty (20) year imprisonment in the state penitentiary, and may include a fine not to exceed \$10,000.
Class C	Up to three (3) months imprisonment in the county jail, or a fine not to exceed \$500, or both.	Class C	Not less than one (1) year and one (1) day and not more than ten (10) years imprisonment in the state penitentiary, and may include a fine not to exceed \$5,000.

Crime Victims Assessment: You will also be ordered to pay an additional monetary penalty for the use and benefit of the Alabama Crime Victims Compensation Commission of not less than \$50 and not more than \$10,000 for each felony and not less than \$25 and not more than \$1,000 for each misdemeanor for which you are convicted.

This crime is also subject to the following enhancements or additional penalties as provided by law: (Provisions Checked Apply To Your Case)

☐ **Enhanced Punishment For Use Of Firearm Or Deadly Weapon:** §13A-5-6, Code of Alabama 1975, provides for the enhancement of a punishment where a "firearm or deadly weapon was used or attempted to be used in the commission of a felony." This section provides for the following punishment in such event: For the commission of a **Class A Felony**, a term of imprisonment of not less than 20 years; For the commission of a **Class B Felony**, a term of imprisonment of not less than 10 years; For the commission of a **Class C Felony**, at term of imprisonment of not less than 10 years.

☐ **Enhanced Punishment for Drug Sale Near School:** §13A-12-250 Code of Alabama 1975, provides that any person who is convicted of unlawfully selling any controlled substance within a three (3) mile radius of a public or private school, college, university or other educational institution, must be punished by an additional penalty of five years' imprisonment for each violation.

☐ **Enhanced Punishment For Sales Of Controlled Substance To One Under 18:** §13A-12-215, Code of Alabama 1975, provides that anyone convicted of selling, furnishing or giving away a controlled substance to one who has not yet attained the age of 18 years, shall be guilty of a Class A Felony and the punishment imposed shall not be suspended or probation granted.

☒ **Drug Demand Reduction Assessment Act and Loss of Driving Privileges:** Section 13A-12-281 provides that, if you are convicted of a violation of §13A-12-202, 13A-12-203, 13A-12-204, 13A-12-211, 13A-12-212, 13A-12-213, 13A-12-215 or 13A-12-231, Code of Alabama 1975, you shall be assessed an additional fee of \$1,000 if you are a first-time offender or \$2,000 if you are a repeat offender under one of these sections. Collection of all or part of the penalty will be suspended if, with court approval, you enter a drug rehabilitation program and if you agree to pay for a part or all of the program costs. Upon successful completion of the program, you may apply to the court to reduce the penalty by the amount actually paid by you for participation in the program. Any suspension of the penalty can be withdrawn by the court if you fail to enroll in or successfully pursue or otherwise fail to complete an approved program. In addition, pursuant to §13A-12-214 (unlawful possession of marijuana in the second degree), §32-5A-191(a)(3) or §32-5A-191(a)(4)(DUI offenses involving drugs), you will lose your privilege to drive a motor vehicle for a period of six months, which shall be in addition to any suspension or revocation otherwise provided by law.

☒ **Alcohol/Drug Related Offenses:** If you are convicted of an alcohol or drug-related offense; you will be required to undergo an evaluation for substance abuse. Based upon the results of any such evaluation, you will be required to complete the recommended course of education and/or treatment and to pay for the evaluation and any program to which you are referred. Failure to submit to an evaluation or failure to complete any program to which you may be referred will be considered a violation of any probation or parole you may be granted. You may also be required to attend monitoring sessions, including random drug and alcohol testing or blood, urine and/or breath, tests and to pay a fee for this service. You may request a waiver of part or all of the fees assessed if you are indigent or for any portion of time you are financially unable to pay. Community service may be ordered by the court in lieu of the monetary payment of fees by an indigent.

Form CR-51 (back)

Rev. 7/96

EXPLANATION OF RIGHTS AND PLEA OF GUILTY
(Non-Habitual Offender—Felony and Misdemeanor -- Circuit or District Court)

☐ **DNA Samples for Criminal Offenses in §36-18-24:** Beginning May 6, 1994, §36-18-25(e), *Code of Alabama* 1975, provides that, as of May 6, 1994, all persons convicted of any of the offenses set out in §36-18-24, shall be ordered by the court to submit to the taking of a DNA sample or samples.

☐ **DUI Offenses:** Beginning October 1, 1993, if you are convicted of a DUI offense pursuant to §32-5A-191, *Code of Alabama* 1975, an additional fine of \$100.00 will be assessed pursuant to §32-5A-191.1, *Code of Alabama* 1975.

☐ **Drug Possession:** Beginning October 1, 1995, if you are convicted in any court of this state for drug possession, drug sale, drug trafficking, or drug paraphernalia offenses as defined in §§13A-12-211 to 13A-12-260, inclusive, *Code of Alabama* 1975, an additional fee of \$100.00 will be assessed pursuant to §36-18-7, *Code of Alabama* 1975.

☐ **Other:** _____

RIGHTS YOU HAVE AND THE WAIVER OF YOUR RIGHTS

Under the Constitution of the United States and the Constitution and laws of the State of Alabama, you have a right to remain silent and you may not be compelled to give evidence against yourself. Your attorney cannot disclose any confidential talks he/she has had with you. You do not have to answer any questions. If you do answer questions knowing that you have a right to silence, you will have waived your right to remain silent.

You have the right to enter, or stand on if previously entered, a plea of "Not Guilty" or Not Guilty by Reason of Mental Disease or Defect, or "Not Guilty and Not Guilty by Reason of Mental Disease or Defect" and have a public trial before a duly selected jury. The jury would decide your guilt or innocence based upon the evidence presented before them. If you elect to proceed to trial, you would have the right to be present, you would have the right to have your attorney present to assist you, you would have the right to confront and cross examine your accuser(s) and all the State's witnesses, you would have the right to subpoena witnesses to testify on your behalf and to have their attendance in court and their testimony required by the court, and you would have the right to take the witness stand and to testify, but only if you chose to do so, as no one can require you to do this. If you elect to testify, you can be cross examined by the State just as any other witness is subjected to cross examination. If you elect not to testify, no one but your attorney will be allowed to comment about that fact to the jury. Your attorney is bound to do everything he/she can honorably and reasonably do to see that you obtain a fair and impartial trial.

If you elect to proceed to trial, you come to court presumed to be innocent. This presumption of innocence will follow you throughout the trial until the State produces sufficient evidence to convince the jury (or the court if the trial is non-jury) of your guilt beyond a reasonable doubt. You have no burden of proof in this case. If the State fails to meet its burden, you would be found not guilty.

If you are entering a guilty plea to a charge for which you have not yet been indicted, you are waiving indictment by a grand jury and you will be pleading guilty to a charge preferred against you by a District Attorney's Information filed with the court.

IF YOU PLEAD GUILTY, THERE WILL BE NO TRIAL. YOU WILL BE WAIVING THE RIGHTS OUTLINED ABOVE, EXCEPT YOUR RIGHTS RELATING TO REPRESENTATION BY AN ATTORNEY. THE STATE WILL HAVE NOTHING TO PROVE AND YOU WILL STAND GUILTY ON YOUR GUILTY PLEA. YOU WILL, HOWEVER, HAVE THE RIGHT TO APPEAL.

IF YOU HAVE ANY QUESTIONS ABOUT YOUR RIGHTS OR THE CONSEQUENCES OF PLEADING GUILTY, PLEASE LET THE COURT KNOW NOW AND FURTHER EXPLANATION WILL BE MADE.

May 21, 2007

Date

Thomas E. Head, III

Judge

ATTORNEY'S CERTIFICATE

I certify that the above was read to the defendant by me; that I explained the penalty or penalties to the defendant, that I discussed in detail the defendant's rights and the consequences of pleading guilty; and that, in my judgment, the defendant understands the same and that he/she is knowingly, voluntarily, and intelligently waiving his/her rights and entering a voluntary and intelligent plea of guilty. I further certify to the court that I have in no way forced or induced the defendant to plead guilty and, to my knowledge, no one else has done so.

May 21, 2007

Date

[Signature]
Attorney

DEFENDANT'S STATEMENT OF WAIVER OF RIGHTS AND PLEA OF GUILTY

I certify to the court that my attorney has read and explained the matters set forth above; that my rights have been discussed with me in detail and fully explained; that I understand the charge or charges against me; that I understand my rights, the punishment or punishments provided by law as they may apply to my case, and I understand the consequences of pleading guilty; that I am not under the influence of any drugs, medicines, or alcoholic beverages; and I have not been threatened or abused or offered any inducement, reward, or hope or reward to plead guilty other than the terms of the plea agreement, which will be stated on the record.

I further state to the court that I am guilty of the charge to which I am entering a plea of guilty, that I desire to plead guilty, that I made up my own mind to plead guilty, and that I knowingly, intelligently, and voluntarily waive my right to a trial in this case. I further state to the court that I am satisfied with my attorney's services and his/her handling of my case.

May 21, 2007

Date

X Cyrus Pearson
Defendant

W A R R A N T

STATE OF ALABAMA

COFFEE COUNTY

DISTRICT COURT

AGENCY NUMBER:

WARRANT NUMBER: WR 2007 000397.00
OTHER CASE NBR:

TO ANY LAWFUL OFFICER OF THE STATE OF ALABAMA:

YOU ARE HEREBY COMMANDED TO ARREST CYRUS PIERSON AND BRING HIM/HER BEFORE THE DISTRICT COURT OF COFFEE COUNTY TO ANSWER THE STATE ON A CHARGE(S) OF:

PROMOT PRISON CONTRA CLASS: B TYPE: M COUNTS: 001
AND HAVE YOU THEN AND THERE THIS WRIT WITH YOUR RETURN THEREON.

YOU WILL RECEIVE UNTO YOUR CUSTODY AND DETAIN HIM/HER UNTIL THE DAY OF _____, OR UNTIL LEGALLY DISCHARGED.

DATED THIS 08 DAY OF JUNE, 2007.

BOND SET AT: {1} \$500.00 BOND TYPE:

{2}

{3}

JUDGE/CLERK/MAGISTRATE OF DISTRICT COURT

CHARGES: PROMOT PRISON CONTRA 13A-010-038

M MISDEMEANOR

NAME: CYRUS PIERSON
ADDRESS: 707 W ADAMS
ADDRESS:
CITY: ENTERPRISE

STATE: AL

ALIAS:
ALIAS:
ZIP: 36330 0000
PHONE: 000 000 0000 EXT: 000

EMPLOYMENT:

DOB: 09/16/1986 RACE: B SEX: M HAIR: BLK
EYE: BRO HEIGHT: 5'10" WEIGHT: 160
SID: 000000000 SSN: 422230259 DL NUM:

E X E C U T I O N

EXECUTED THE WITHIN WARRANT BY ARRESTING THE DEFENDANT AND

() PLACING DEFENDANT IN THE COFFEE COUNTY JAIL

() RELEASING DEFENDANT ON APPEARANCE BOND

THIS _____ DAY OF _____

SHERIFF _____

BY _____

COMPLAINANT: CPT. RICHARD MOSS
C/O CCSO

NEW BROCKTON AL 36351

OPERATOR: DEC

DATE: 06/08/2007

ALABAMA JUDICIAL INFORMATION SYSTEM

* * * IN THE DISTRICT COURT OF COFFEE COUNTY * * *

AGENCY NUMBER:

WARRANT NUMBER: WR 2007 000397.00
OTHER CASE NBR:

C O M P L A I N T

BEFORE ME THE UNDERSIGNED JUDGE/CLERK/MAGISTRATE OF THE DISTRICT COURT OF COFFEE COUNTY, ALABAMA, PERSONALLY APPEARED CPT. RICHARD MOSS WHO BEING DULY SWORN DEPOSES AND SAYS THAT HE/SHE HAS PROBABLE CAUSE FOR BELIEVING, AND DOES BELIEVE THAT CYRUS PIERSON DEFENDANT, WHOSE NAME IS OTHERWISE UNKNOWN TO THE COMPLAINANT, DID WITHIN THE ABOVE NAMED COUNTY AND

DID ON OR ABOUT JUNE 6, 2007, BEING A PERSON CONFINED IN A DETENTION FACILITY, TO-WIT: COFFEE COUNTY JAIL, HE INTENTIONALLY AND UNLAWFULLY MAKES, OBTAINS OR POSSESSES ANY CONTRABAND, TO-WIT: TOBACCO IN VIOLATION OF 13A-010-038 OF THE CODE OF ALABAMA, AGAINST THE PEACE AND DIGNITY OF THE STATE OF ALABAMA.

Capt. R.B.L.
COMPLAINANT'S SIGNATURE

SWORN TO AND SUBSCRIBED BEFORE ME THIS THE 08 DAY OF JUNE, 2007.

[Signature]
JUDGE/CLERK/MAGISTRATE OF DISTRICT COURT

CHARGES: PROMOT PRISON CONTRA 13A-010-038

M MISDEMEANOR

WITNESS FOR THE STATE

CPT. RICHARD MOSS/C/O CCSO/NEW BROCKTON/36351

MIKE MITCHELL/C/O CCJ/NEW BROCKTON/36351

JEFF SHELTON/C/O CCSO/NEW BROCKTON/36351

AUSTIN REDMON/C/O CCSO/NEW BROCKTON/36351

NEAL BRADLEY/C/O CCSO/NEW BROCKTON/36351

OPERATOR: DEC

DATE: 06/08/2007

W A R R A N T

STATE OF ALABAMA

COFFEE COUNTY

DISTRICT COURT

AGENCY NUMBER:

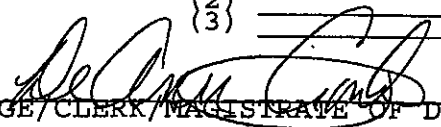
WARRANT NUMBER: WR 2007 000395.00
OTHER CASE NBR:

TO ANY LAWFUL OFFICER OF THE STATE OF ALABAMA:

YOU ARE HEREBY COMMANDED TO ARREST CYRUS PIERSON AND BRING
HIM/HER BEFORE THE DISTRICT COURT OF COFFEE COUNTY TO ANSWER THE STATE
ON A CHARGE(S) OF:PROMOT PRISON CONTRA CLASS: C TYPE: F COUNTS: 001
AND HAVE YOU THEN AND THERE THIS WRIT WITH YOUR RETURN THEREON.YOU WILL RECEIVE UNTO YOUR CUSTODY AND DETAIN HIM/HER UNTIL THE
DAY OF _____, OR UNTIL LEGALLY DISCHARGED.

DATED THIS 08 DAY OF JUNE, 2007.

BOND SET AT: (1) \$1,500.00 BOND TYPE:

(2)
(3)
JUDGE/CLERK/MAGISTRATE OF DISTRICT COURT

CHARGES: PROMOT PRISON CONTRA 13A-010-037

F FELONY

NAME: CYRUS PIERSON
ADDRESS: 707 W ADAMS
ADDRESS:
CITY: ENTERPRISE

STATE: AL

ALIAS:

ALIAS:

ZIP: 36330 0000

PHONE: 000 000 0000 EXT: 000

EMPLOYMENT:

DOB: 09/16/1986 RACE: B SEX: M HAIR: BLK
EYE: BRO HEIGHT: 5'10" WEIGHT: 160
SID: 000000000 SSN: 422230259 DL NUM:

E X E C U T I O N

EXECUTED THE WITHIN WARRANT BY ARRESTING THE DEFENDANT AND

() PLACING DEFENDANT IN THE COFFEE COUNTY JAIL

() RELEASING DEFENDANT ON APPEARANCE BOND

THIS _____ DAY OF _____

SHERIFF _____

BY _____

COMPLAINANT: CPT. RICHARD MOSS
C/O CCSO

ENTERPRISE AL 36330

OPERATOR: DEC

DATE: 06/08/2007

ALABAMA JUDICIAL INFORMATION SYSTEM

* * * IN THE DISTRICT COURT OF COFFEE COUNTY * * *


AGENCY NUMBER:

WARRANT NUMBER: WR 2007 000395.00
OTHER CASE NBR:

C O M P L A I N T

BEFORE ME THE UNDERSIGNED JUDGE/CLERK/MAGISTRATE OF THE DISTRICT COURT OF COFFEE COUNTY, ALABAMA, PERSONALLY APPEARED CPT. RICHARD MOSS WHO BEING DULY SWORN DEPOSES AND SAYS THAT HE/SHE HAS PROBABLE CAUSE FOR BELIEVING, AND DOES BELIEVE THAT CYRUS PIERSON DEFENDANT, WHOSE NAME IS OTHERWISE UNKNOWN TO THE COMPLAINANT, DID WITHIN THE ABOVE NAMED COUNTY AND

DID ON OR ABOUT JUNE 6, 2007, BEING A PERSON CONFINED IN A DETENTION FACILITY, TO-WIT: COFFEE COUNTY JAIL, HE INTENTIONALLY AND UNLAWFULLY MAKES, OBTAINS OR POSSESSES ANY NARCOTIC, DANGEROUS DRUG, OR CONTROLLED SUBSTANCE, TO-WIT: MARIJUANA, OF THE CODE OF ALABAMA, IN VIOLATION OF 13A-010-037, AGAINST THE PEACE AND DIGNITY OF THE STATE OF ALABAMA.


COMPLAINANT'S SIGNATURE

SWORN TO AND SUBSCRIBED BEFORE ME THIS THE 08 DAY OF JUNE, 2007.


JUDGE/CLERK/MAGISTRATE OF DISTRICT COURT

CHARGES: PROMOT PRISON CONTRA 13A-010-037

F FELONY

WITNESS FOR THE STATE

CPT. RICHARD MOSS/C/O CCSO/ENTERPRISE/36330

MICHAEL BRYAN/C/O CCJ/ENTERPRISE/36330

STANLEY ROBERTS/C/O CCJ/ENTERPRISE/36330

MIKE MITCHELL/C/O CCJ/ENTERPRISE/36330

OPERATOR: DEC

DATE: 06/08/2007

W A R R A N T

STATE OF ALABAMA

COFFEE COUNTY

DISTRICT COURT

AGENCY NUMBER:

WARRANT NUMBER: WR 2007 000395.00
OTHER CASE NBR:

TO ANY LAWFUL OFFICER OF THE STATE OF ALABAMA:

YOU ARE HEREBY COMMANDED TO ARREST CYRUS PIERSON AND BRING
HIM/HER BEFORE THE DISTRICT COURT OF COFFEE COUNTY TO ANSWER THE STATE
ON A CHARGE(S) OF:PROMOT PRISON CONTRA CLASS: C TYPE: F COUNTS: 001
AND HAVE YOU THEN AND THERE THIS WRIT WITH YOUR RETURN THEREON.YOU WILL RECEIVE UNTO YOUR CUSTODY AND DETAIN HIM/HER UNTIL THE
DAY OF _____, OR UNTIL LEGALLY DISCHARGED.

DATED THIS 08 DAY OF JUNE, 2007.

BOND SET AT: (1) \$1,500.00 BOND TYPE:

(2)

(3)

COPY

JUDGE/CLERK/MAGISTRATE OF DISTRICT COURT

CHARGES: PROMOT PRISON CONTRA 13A-010-037

F FELONY

NAME: CYRUS PIERSON
ADDRESS: 707 W ADAMS
ADDRESS:ALIAS:
ALIAS:

CITY: ENTERPRISE

STATE: AL

ZIP: 36330 0000

PHONE: 000 000 0000 EXT: 000

EMPLOYMENT:

DOB: 09/16/1986 RACE: B SEX: M HAIR: BLK
EYE: BRO HEIGHT: 5'10" WEIGHT: 160
SID: 000000000 SSN: 422230259 DL NUM:

E X E C U T I O N

EXECUTED THE WITHIN WARRANT BY ARRESTING THE DEFENDANT AND

(X) PLACING DEFENDANT IN THE COFFEE COUNTY JAIL

() RELEASING DEFENDANT ON APPEARANCE BOND

THIS 19th DAY OF June 2007

SHERIFF

BY

COMPLAINANT: CPT. RICHARD MOSS
C/O CCSO

ENTERPRISE AL 36330

OPERATOR: DEC

DATE: 06/08/2007

ALABAMA JUDICIAL INFORMATION SYSTEM

* * * IN THE DISTRICT COURT OF COFFEE COUNTY * * *

AGENCY NUMBER:

WARRANT NUMBER: WR 2007 000395.00
OTHER CASE NBR:

C O M P L A I N T

BEFORE ME THE UNDERSIGNED JUDGE/CLERK/MAGISTRATE OF THE DISTRICT COURT OF COFFEE COUNTY, ALABAMA, PERSONALLY APPEARED CPT. RICHARD MOSS WHO BEING DULY SWORN DEPOSES AND SAYS THAT HE/SHE HAS PROBABLE CAUSE FOR BELIEVING, AND DOES BELIEVE THAT CYRUS PIERSON DEFENDANT, WHOSE NAME IS OTHERWISE UNKNOWN TO THE COMPLAINANT, DID WITHIN THE ABOVE NAMED COUNTY AND

DID ON OR ABOUT JUNE 6, 2007, BEING A PERSON CONFINED IN A DETENTION FACILITY, TO-WIT: COFFEE COUNTY JAIL, HE INTENTIONALLY AND UNLAWFULLY MAKES, OBTAINS OR POSSESSES ANY NARCOTIC, DANGEROUS DRUG, OR CONTROLLED SUBSTANCE, TO-WIT: MARIJUANA, OF THE CODE OF ALABAMA, IN VIOLATION OF 13A-010-037 AGAINST THE PEACE AND DIGNITY OF THE STATE OF ALABAMA.


COMPLAINANT'S SIGNATURE



SWORN TO AND SUBSCRIBED BEFORE ME THIS THE 08 DAY OF JUNE, 2007.


JUDGE/CLERK/MAGISTRATE OF DISTRICT COURT

CHARGES: PROMOT PRISON CONTRA 13A-010-037

F FELONY

WITNESS FOR THE STATE

CPT. RICHARD MOSS/C/O CCSO/ENTERPRISE/36330

MICHAEL BRYAN/C/O CCJ/ENTERPRISE/36330

STANLEY ROBERTS/C/O CCJ/ENTERPRISE/36330

MIKE MITCHELL/C/O CCJ/ENTERPRISE/36330

OPERATOR: DEC

DATE: 06/08/2007

Pie

ACR359

ALABAMA JUDICIAL DATA CENTER
COFFEE COUNTY
TRANSCRIPT OF RECORD
CONVICTION REPORTCC 2006 000023.00 01
ROBERT W BARR

CIRCUIT COURT OF COFFEE COUNTY

COURT ORI: 019025 J

STATE OF ALABAMA VS.

DC NO: GJ 2005 000293.00

PIERSON CYRUS D

G J: 05-293

707 WEST ADAMS

ALIAS:

SSN: 422230259

ENTERPRISE AL 36330

SID: 000000000

AIS: 000000

DOB: 09/16/1986 SEX: M HT: 5 09 WT: 160 HAIR: BLK EYE: BRO
RACE: () W (X) B () O COMPLEXION: AGE: FEATURES:

DATE OFFENSE: 02/18/2005 ARREST DATE: 01/03/2006 ARREST ORI: 0190200

CHARGES @ CONV	CITES	CT	CL	COURT ACTION	CA DATE
THEFT OF PROP 3RD	13A-008-005	01	A	GUILTY PLEA	05/21/2007
		00			00/00/0000
		00			00/00/0000

JUDGE: ROBERT W BARR

PROSECUTOR: JARRELL LARRY C

PROBATION APPLIED	GRANTED	DATE	REARRESTED DATE	REVOKED	DATE
() Y () N	() Y () N		() Y () N	() Y () N	
15-18-8	CODE OF ALA 1975	IMPOSED	SUSPENDED	TOTAL	JAIL CREDIT
() Y (X) N	CONFINEMENT:	01 00 000	00 00 000	01 00 000	00 00 180
	PROBATION:	00 00 000		00 00 000	

DATE SENTENCED:	SENTENCE BEGINS:
05/21/2007	05/21/2007

PROVISIONS	COSTS/RESTITUTION	DUE	ORDERED
CONCURR SENT	RESTITUTION	\$0.00	\$0.00
JAIL	ATTORNEY FEE	\$0.00	\$0.00
	CRIME VICTIMS	\$50.00	\$50.00
	COST	\$236.00	\$236.00
	FINE	\$0.00	\$0.00
	MUNICIPAL FEES	\$0.00	\$0.00
	DRUG FEES	\$0.00	\$0.00
	ADDTL DEFENDANT	\$0.00	\$0.00
	DA FEES	\$0.00	\$0.00
	COLLECTION ACCT	\$0.00	\$0.00
	JAIL FEES	\$0.00	\$0.00
	TOTAL	\$286.00	\$286.00

APPEAL DATE	SUSPENDED	AFFIRMED	REARREST
() Y () N	() Y () N	() Y () N	() Y () N

REMARKS:

THIS IS TO CERTIFY THAT THE
ABOVE INFORMATION WAS EXTRACTED
FROM OFFICIAL COURT RECORDS
AND IS TRUE AND CORRECT.

COPY

JAMES M COUNTS

06/19/2007

OPERATOR: JEL
PREPARED: 06/19/2007

IN THE CIRCUIT COURT OF COFFEE COUNTY, ALABAMA
ENTERPRISE DIVISION

STATE OF ALABAMA,

*

PLAINTIFF,

*

VS.

*

CASE NO. CC-2006-23

CYRUS D. PIERSON,

*

DEFENDANT.

*

GUILTY PLEA AND SENTENCING ORDER

Defendant, Cyrus D. Pierson, appeared before the Court and was represented by Hon. Steven E. Blair, Attorney at Law. The State was represented by Hon. Larry C. Jarrell, Assistant District Attorney for the Twelfth Judicial Circuit, State of Alabama.

On motion of the District Attorney, with Defendant's concurrence, the indictment is amended to charge Theft of Property, Third Degree, a misdemeanor. Upon arraignment, the Defendant entered a plea of GUILTY to Theft of Property, Third Degree, in violation of Section 13A-8-5 of the Code of Alabama, 1975.

The Court conducted a colloquy and is satisfied that Defendant understands the nature of and elements required to constitute the crime charged against him and the range of penalty for said offense. The Court is further satisfied that Defendant knowingly, intelligently, and voluntarily waives his right to trial, by judge or jury, his right to confrontation, his right to the attendance of defense witnesses through compulsory process, and his right against compulsory self-incrimination. The Defendant's plea is accepted by the Court and Defendant is pronounced and declared GUILTY of Theft of Property, Third Degree, as charged by the amended indictment.

Defendant was then: (1) Afforded an opportunity to make a statement in his own behalf before sentencing and was further asked if he had anything to say as to why the sentence of the law should not be imposed; and (2) Given an opportunity to present evidence as to any matter probative in the issue of sentence and/or facts in mitigation of any penalty that is to be imposed.

The State was then afforded an opportunity to present evidence as to any matter probative to the issue of sentence and/or facts in aggravation or mitigation of any penalty that is to be imposed. The State made certain sentencing recommendations as per the parties' agreed upon settlement.

After considering the settlement agreement offered, arguments of the parties, and any evidence presented, it is;

HEREBY ORDERED that for Defendant's aforesaid conviction, he is hereby sentenced, on recommendation of the District Attorney, made pursuant to plea agreement, to serve one year imprisonment in the Coffee County Jail, concurrently with Case No. CC-2006-399, and to pay to the Clerk of Court costs, \$25.00 to be distributed to the Alabama Crime Victim Compensation Commission, and full reimbursement of indigent attorney fees. The payment of all taxed sums is specifically made a condition of Defendant's probation, parole and/or other release from penitentiary confinement. Defendant is given credit for all time served while awaiting trial and/or disposition in this case. The Court was advised that Defendant has accumulated 180 days jail credit. NOTE: The District Attorney advising the amount of restitution has not been determined, the Court reserves jurisdiction of this issue.

Defendant reserved no issue(s) for appeal.

DONE THIS THE 21st day of May, 2007.

Thomas E. Head, III
CIRCUIT JUDGE

cc: DA
S. Blair
jail
P+P



State of Alabama Unified Judicial System	EXPLANATION OF RIGHTS AND PLEA OF GUILTY (Non-Habitual Offender — Felony and Misdemeanor Circuit or District Court)	Case Number
Form CR-51(front) Rev. 7/96		

IN THE _____ COURT OF _____, ALABAMA
(Circuit or District) (Name of County)

STATE OF ALABAMA v. _____

Defendant

TO THE ABOVE-NAMED DEFENDANT: The Court, having been informed that you wish to enter a plea of guilty in this case, hereby informs you of your rights as a criminal defendant.

PENALTIES APPLICABLE TO YOUR CASE

You are charged with the crime of Burg 3rd, which is a Class C ☒ Felony ☐ Misdemeanor. The Court has been informed that you desire to enter a plea of guilty to ☐ this offense or ☒ to the crime of RSP 3rd which is a ☐ felony ☐ misdemeanor. The sentencing range for the above crime(s) is set out below:

MISDEMEANOR		FELONY	
Class A	Up to one (1) year imprisonment in the county jail, or a fine up to \$2,000, or both.	Class A	Not less than ten (10) years and not more than life or ninety-nine (99) years imprisonment in the state penitentiary, and may include a fine not to exceed \$20,000.
Class B	Up to six (6) months imprisonment in the county jail, or a fine up to \$1,000, or both.	Class B	Not less than two (2) years and not more than twenty (20) year imprisonment in the state penitentiary, and may include a fine not to exceed \$10,000.
Class C	Up to three (3) months imprisonment in the county jail, or a fine not to exceed \$500, or both.	Class C	Not less than one (1) year and one (1) day and not more than ten (10) years imprisonment in the state penitentiary, and may include a fine not to exceed \$5,000.

Crime Victims Assessment: You will also be ordered to pay an additional monetary penalty for the use and benefit of the Alabama Crime Victims Compensation Commission of not less than \$50 and not more than \$10,000 for each felony and not less than \$25 and not more than \$1,000 for each misdemeanor for which you are convicted.

This crime is also subject to the following enhancements or additional penalties as provided by law: (Provisions Checked Apply To Your Case)

☐ **Enhanced Punishment For Use Of Firearm Or Deadly Weapon:** §13A-5-6, *Code of Alabama* 1975, provides for the enhancement of a punishment where a "firearm or deadly weapon was used or attempted to be used in the commission of a felony." This section provides for the following punishment in such event: For the commission of a **Class A Felony**, a term of imprisonment of not less than **20 years**; For the commission of a **Class B Felony**, a term of imprisonment of not less than **10 years**; For the commission of a **Class C Felony**, a term of imprisonment of not less than **10 years**.

☐ **Enhanced Punishment for Drug Sale Near School:** §13A-12-250 *Code of Alabama* 1975, provides that any person who is convicted of unlawfully selling any controlled substance within a three (3) mile radius of a public or private school, college, university or other educational institution, must be punished by an additional penalty of five years' imprisonment for each violation.

☐ **Enhanced Punishment For Sales Of Controlled Substance To One Under 18:** §13A-12-215, *Code of Alabama* 1975, provides that anyone convicted of selling, furnishing or giving away a controlled substance to one who has not yet attained the age of 18 years, shall be guilty of a **Class A Felony** and the punishment imposed shall not be suspended or probation granted.

☐ **Drug Demand Reduction Assessment Act and Loss of Driving Privileges:** Section 13A-12-281 provides that, if you are convicted of a violation of §13A-12-202, 13A-12-203, 13A-12-204, 13A-12-211, 13A-12-212, 13A-12-213, 13A-12-215 or 13A-12-231, *Code of Alabama* 1975, you shall be assessed an additional fee of \$1,000 if you are a first-time offender or \$2,000 if you are a repeat offender under one of these sections. Collection of all or part of the penalty will be suspended if, with court approval, you enter a drug rehabilitation program and if you agree to pay for a part or all of the program costs. Upon successful completion of the program, you may apply to the court to reduce the penalty by the amount actually paid by you for participation in the program. Any suspension of the penalty can be withdrawn by the court if you fail to enroll in or successfully pursue or otherwise fail to complete an approved program. In addition, pursuant to §13A-12-214 (unlawful possession of marijuana in the second degree), §32-5A-191(a)(3) or §32-5A-191(a)(4)(DUI offenses involving drugs), you will lose your privilege to drive a motor vehicle for a period of six months, which shall be in addition to any suspension or revocation otherwise provided by law.

☐ **Alcohol/Drug Related Offenses:** If you are convicted of an alcohol or drug-related offense, you will be required to undergo an evaluation for substance abuse. Based upon the results of any such evaluation, you will be required to complete the recommended course of education and/or treatment and to pay for the evaluation and any program to which you are referred. Failure to submit to an evaluation or failure to complete any program to which you may be referred will be considered a violation of any probation or parole you may be granted. You may also be required to attend monitoring sessions, including random drug and alcohol testing or blood, urine and/or breath, tests and to pay a fee for this service. You may request a waiver of part or all of the fees assessed if you are indigent or for any portion of time you are financially unable to pay. Community service may be ordered by the court in lieu of the monetary payment of fees by an indigent.

Form CR-51 (back) Rev. 7/96

EXPLANATION OF RIGHTS AND PLEA OF GUILTY
(Non-Habitual Offender—Felony and Misdemeanor — Circuit or District Court)

☐ **DNA Samples for Criminal Offenses in §36-18-24:** Beginning May 6, 1994, §36-18-25(e), *Code of Alabama* 1975, provides that, as of May 6, 1994, all persons convicted of any of the offenses set out in §36-18-24, shall be ordered by the court to submit to the taking of a DNA sample or samples.

☐ **DUI Offenses:** Beginning October 1, 1993, if you are convicted of a DUI offense pursuant to §32-5A-191, *Code of Alabama* 1975, an additional fine of \$100.00 will be assessed pursuant to §32-5A-191.1, *Code of Alabama* 1975,

☐ **Drug Possession:** Beginning October 1, 1995, if you are convicted in any court of this state for drug possession, drug sale, drug trafficking, or drug paraphernalia offenses as defined in §§13A-12-211 to 13A-12-260, inclusive, *Code of Alabama* 1975, an additional fee of \$100.00 will be assessed pursuant to §36-18-7, *Code of Alabama* 1975.

☐ **Other:** _____

RIGHTS YOU HAVE AND THE WAIVER OF YOUR RIGHTS

Under the Constitution of the United States and the Constitution and laws of the State of Alabama, you have a right to remain silent and you may not be compelled to give evidence against yourself. Your attorney cannot disclose any confidential talks he/she has had with you. You do not have to answer any questions. If you do answer questions knowing that you have a right to silence, you will have waived your right to remain silent.

You have the right to enter, or stand on if previously entered, a plea of "Not Guilty" or Not Guilty by Reason of Mental Disease or Defect, or "Not Guilty and Not Guilty by Reason of Mental Disease or Defect" and have a public trial before a duly selected jury. The jury would decide your guilt or innocence based upon the evidence presented before them. If you elect to proceed to trial, you would have the right to be present, you would have the right to have your attorney present to assist you, you would have the right to confront and cross examine your accuser(s) and all the State's witnesses, you would have the right to subpoena witnesses to testify on your behalf and to have their attendance in court and their testimony required by the court, and you would have the right to take the witness stand and to testify, but only if you chose to do so, as no one can require you to do this. If you elect to testify, you can be cross examined by the State just as any other witness is subjected to cross examination. If you elect not to testify, no one but your attorney will be allowed to comment about that fact to the jury. Your attorney is bound to do everything he/she can honorably and reasonably do to see that you obtain a fair and impartial trial.

If you elect to proceed to trial, you come to court presumed to be innocent. This presumption of innocence will follow you throughout the trial until the State produces sufficient evidence to convince the jury (or the court if the trial is non-jury) of your guilt beyond a reasonable doubt. You have no burden of proof in this case. If the State fails to meet its burden, you would be found not guilty.

If you are entering a guilty plea to a charge for which you have not yet been indicted, you are waiving indictment by a grand jury and you will be pleading guilty to a charge preferred against you by a District Attorney's Information filed with the court.

IF YOU PLEAD GUILTY, THERE WILL BE NO TRIAL. YOU WILL BE WAIVING THE RIGHTS OUTLINED ABOVE, EXCEPT YOUR RIGHTS RELATING TO REPRESENTATION BY AN ATTORNEY. THE STATE WILL HAVE NOTHING TO PROVE AND YOU WILL STAND GUILTY ON YOUR GUILTY PLEA. YOU WILL, HOWEVER, HAVE THE RIGHT TO APPEAL.

IF YOU HAVE ANY QUESTIONS ABOUT YOUR RIGHTS OR THE CONSEQUENCES OF PLEADING GUILTY, PLEASE LET THE COURT KNOW NOW AND FURTHER EXPLANATION WILL BE MADE.

May 21, 2007
Date

Thomas E. Whaley III
Judge

ATTORNEY'S CERTIFICATE

I certify that the above was read to the defendant by me; that I explained the penalty or penalties to the defendant, that I discussed in detail the defendant's rights and the consequences of pleading guilty; and that, in my judgment, the defendant understands the same and that he/she is knowingly, voluntarily, and intelligently waiving his/her rights and entering a voluntary and intelligent plea of guilty. I further certify to the court that I have in no way forced or induced the defendant to plead guilty and, to my knowledge, no one else has done so.

May 21, 2007
Date

[Signature]
Attorney

DEFENDANT'S STATEMENT OF WAIVER OF RIGHTS AND PLEA OF GUILTY

I certify to the court that my attorney has read and explained the matters set forth above; that my rights have been discussed with me in detail and fully explained; that I understand the charge or charges against me; that I understand my rights, the punishment or punishments provided by law as they may apply to my case, and I understand the consequences of pleading guilty; that I am not under the influence of any drugs, medicines, or alcoholic beverages; and I have not been threatened or abused or offered any inducement, reward, or hope or reward to plead guilty other than the terms of the plea agreement which will be stated on the record.

I further state to the court that I am guilty of the charge to which I am entering a plea of guilty, that I desire to plead guilty, that I made up my own mind to plead guilty, and that I knowingly, intelligently, and voluntarily waive my right to a trial in this case. I further state to the court that I am satisfied with my attorney's services and his/her handling of my case.

May 21, 2007
Date

Cyrus Pardon
Defendant

ALABAMA JUDICIAL DATA CENTER
COFFEE COUNTY
BONDSMAN'S PROCESS

CC 2006 000023 00
BUR3

JID: ROBERT W BARR

CIRCUIT COURT OF COFFEE COUNTY
STATE OF ALABAMA VS PIERSON CYRUS D
707 WEST ADAMS

ENTERPRISE, AL 36330 0000

A-ADVANTAGE BONDING
GOLDEN, MATTIE J.

COPY

WHEREAS, THE SURETIES ON THE BAIL IN THE ABOVE-STYLED CASE HAVE EXPRESSED THEIR WISH TO SURRENDER THE DEFENDANT TO THE CUSTODY OF THE SHERIFF OR JAILER AND,

WHEREAS, THE CLERK OF COURT HAS CHECKED THE RECORDS AND HAS FOUND THAT THE ABOVE-STYLED CASE IS STILL PENDING; AND THAT THE DEFENDANT OR HIS OR HER SURETIES HAVE NOT BEEN DISCHARGED OF THEIR OBLIGATIONS; OR THAT THE RECORDS IN THE ABOVE-STYLED CASE REFLECT THAT THE DEFENDANT HAS FAILED TO APPEAR ON THE OBLIGATION OF BAIL AS REQUIRED AND A WARRANT HAS BEEN ISSUED FOR THE ARREST OF THE DEFENDANT.

NOW, THEREFORE, THIS PROCESS IS ISSUED, AS REQUIRED BY LAW, GIVING THE RIGHT TO THE SURETIES (BONDSMEN) TO ARREST THE DEFENDANT AT ANY PLACE WITHIN THE STATE OF ALABAMA, OR ALLOWING THE SURETIES TO AUTHORIZE ANOTHER PERSON TO ARREST THE DEFENDANT BY AN ENDORSEMENT IN WRITING ON THIS DOCUMENT BELOW OR ON AN ATTACHMENT TO THIS DOCUMENT. THE SURETY OR BONDSMAN SHALL FORTHWITH, AFTER THE ARREST, TAKE THE DEFENDANT TO THE JAIL, AS CUSTODIAN THEREOF.

ISSUED THIS 27 DAY OF MARCH, 2007.

JAMES M COUNTS
CLERK OF COURT

BONDSMAN RETURN

ON THIS 12th DAY OF April, 2007, AT

10:25pm (TIME), I Shana Stone
(BONDSMAN/AGENT FOR Advantage Bonding SURETY)

SURRENDERED THE DEFENDANT TO THE Coffee County JAIL.

[Signature]
SIGNATURE OF BONDSMAN/SURETY

THIS PROCESS MUST BE RETURNED TO THE CLERK OF COURT WITHIN FIVE (5) DAYS AFTER EXECUTED.

PERATOR: AMR
REPAIRED: 03/27/2007

NOTICE TO BONDSMAN OR BONDSMAN'S DESIGNEE

- (1) WHEN NOTIFIED BY THE CLERK OF COURT TO RETURN THIS PROCESS, YOU MUST RETURN IT WITHIN FIVE (5) DAYS OF RECEIVING IT.
- (2) EXECUTION OF THIS PROCESS AFTER THE DEFENDANT HAS BEEN DISCHARGED IS AN ILLEGAL ARREST.

NOTICE TO THE JAILER

UPON RECEIPT OF THE BONDSMAN'S PROCESS, YOU MUST RETURN THIS PROCESS TO THE CLERK OF COURT.

COPY

CHARGE: BURGLARY 3RD DEGREE

BOND AMOUNT:

\$5,000.00

IDENTIFICATION OF ACCUSED PERSON

NAME OF ACCUSED PERSON: PIERSON CYRUS D

PHONE NUMBER:

SSN: 422-23-0259 DOB: 09161986

AGE: 020

RACE: B SEX: M HT: 509

WT: 160 HR: BLK EY: BRO OTHER:

ADDR:

EMPLOYER/ADDR/PHONE:

WITNESSES

OPERATOR: AMR
PREPARED: 03/27/2007

COFFEE COUNTY JAIL

Ben Moates, Sheriff

Zack Ennis,

Administrator

Inmate: Cyrus Pierson
Date: 2/19/06

Visitor # 1

Name: SWANIDA Pierson Address: 707 W Adams
Phone #: N/A ST EPI'S E AC
Relationship to Inmate: mother

Visitor # 2

Name: JARVIS Pierson Address: same
Phone #: N/A
Relationship to Inmate: brother

Visitor # 3

Name: _____ Address: _____
Phone #: _____
Relationship to Inmate: _____

Visitor # 4

Name: _____ Address: _____
Phone #: _____
Relationship to Inmate: _____

Visitor # 5

Name: _____ Address: _____
Phone #: _____
Relationship to Inmate: _____
Inmate: _____

CO on Duty M. B.Visitor Registration

Date: 3/19/06

Visitor # 1

Name: WANDA PERSON

Address:

707 W. ADAMS
ST.

Phone #: _____

Relationship to Inmate: mother

Visitor # 2

Name: _____

Address:

Phone #: _____

Relationship to Inmate: _____

Visitor # 3

Name: _____

Address:

Phone #: _____

Relationship to Inmate: _____

Visitor # 4

Name: _____

Address:

Phone #: _____

Relationship to Inmate: _____

Visitor # 5

Name: _____

Address:

Phone #: _____

Relationship to

Inmate: _____

CO on Duty

M. B.

Visitor Registration

4

COFFEE COUNTY JAIL

Ben Moates, Sheriff

Zack Ennis,
AdministratorInmate: CYRUS PIERSON
Date: 8/07/05

Visitor # 1

Name: WANDA PIERSON

Address:

707 W. ADAMS
Enterprise ALPhone #: 33-8089Relationship to Inmate: Son

Visitor # 2

Name: JARVIS PIERSON

Address:

707 W. ADAMS
Enterprise ALPhone #: 33-8089Relationship to Inmate: brother

Visitor # 3

Name: _____

Address:

Phone #: _____

Relationship to Inmate: _____

Visitor # 4

Name: _____

Address:

Phone #: _____

Relationship to Inmate: _____

Visitor # 5

Name: _____

Address:

Phone #: _____

Relationship to Inmate: _____

Visitor Registration

CO on Duty

M. Tolbert

Steve Blair **COPY**

Attorney at Law

May 14, 2007 @ 0900

per Judge Barr

127 East College Avenue
Enterprise AL 36330

E-mail: sblair506@hotmail.com

Phone: 334-308-5375
FAX: 334-308-2055Reply to:
P. O. Box 310843
Enterprise AL 36331-0843

April 18, 2007

Cyrus Pierson
c/o Coffee County Jail
New Brockton AL 36351

Dear Cyrus,

Judge Barr **has ordered** that you appear before the court on April 25, 2007 at 9:00 a.m. to dispose of your case. If necessary, you may present this letter to the jail administrator so that you will timely appear before the Judge.


Steve Blair

Rescheduled 5-24-07 @ 0900AM

1 yr ~~185~~ 180
or 180 days

6 months

served @ Coffee

State of Alabama
Unified Judicial System

Form C-54

Rev. 8/97

APPLICATION FOR YOUTHFUL OFFENDER STATUS
AND ORDER OF INVESTIGATION

Case Number

CC-2006-399

IN THE Circuit COURT OF Coffee ALABAMA
(County)STATE OF ALABAMA v. Cyrus Desmond Pierson

Comes now the defendant in the above-styled cause and makes application for youthful offender treatment

- I am 20 years of age. Date of Birth: Sept. 16, 1986
- I am represented by my attorney and he has discussed my case with me. I have had enough time to talk with my attorney about the facts of my case and he/she has explained my constitutional rights to me (see reverse side). I am satisfied with the services of my attorney and I have no complaints as to the way he/she has handled my case.
- I understand that I am eligible to apply for treatment as a youthful offender. I understand that if I waive my right to a trial by jury and consent to be tried by the court without a jury and treated as a youthful offender, the court will cause me to be investigated and examined by the court and the court, in its discretion, may direct that I be arraigned and tried as a youthful offender.
- I understand that if I am adjudged by the court to be a youthful offender, the court, in its sole discretion, may do any of the following:
 - Suspend the imposition or execution of sentence with or without probation; or
 - Place me on probation not to exceed three (3) years, prescribing such terms of probation as the court, in its sole discretion, may deem proper; or
 - Impose a fine as provided by law with or without probation or commitment; or
 - Commit me to the custody of the Board of Corrections for a term of three (3) years or for a lesser term or where a sentence or fine is not otherwise authorized by law, in lieu of or in addition to any such fine, the court may also impose a fine not to exceed \$1,000.
 - If the underlying charge is a misdemeanor, I may be given correctional treatment as provided by law for such misdemeanor.
- I certify that I have not been threatened or abused or offered any inducement or reward to get me to make this application. I further understand that the punishment I receive is in the sole discretion of the court, although the court may in its discretion accept recommendations of punishment from the District Attorney.
- With a full understanding of the foregoing, I hereby waive my right to a trial by jury and consent to be examined by the court, or such agency as the court may direct, and I further consent to be tried by the court, without a jury, should the court direct that I be treated as a youthful offender.

Date

11-28-06

Defendant

Cyrus Pierson

Comes the attorney for the above named defendant and certifies that on this date, the above information was read by the defendant in my presence, or was read to him/her by me, that I discussed these matters with the defendant in detail, and that I concur in this petition.

Date

11-28-06

Attorney

Attorney Code CLA070Shannon R. Clark

ORDER

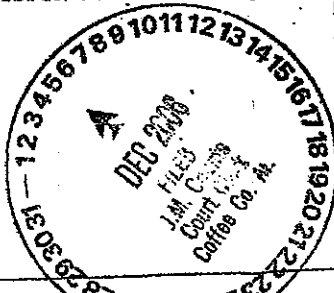
It is ORDERED that the Parole and Probation Office in this County make an investigation of the defendant in accordance with the Code of Alabama 1975.

It is further ORDERED that a hearing is set on said Petition on (date) January 16, 2007 at (time) 9:00 A.M.

Date

12-5-06

Judge

Thomas E. Head, Jr.cc'dent
1-3-07CC:DA
SC
PO

IN THE DISTRICT COURT FOR
COFFEE COUNTY, ALABAMA
ENTERPRISE DIVISION

STATE OF ALABAMA,

Plaintiff,

vs.

CYRUS DESMOND PIERSON,

Defendant.

*
*
*
*
*
*
*
*

CASE NO. DC 2005-1307
and DC 2006-1109

ORDER

The Defendant this day appeared with appointed counsel, Hon. Shannon Clark, and waived preliminary hearings. Cases are hereby forwarded to the action of the Grand Jury.

Upon oral motion duly considered, the \$5,000.00 cash requirement in case number DC 2006-1109, is withdrawn. The Defendant's bail is set at \$10,000.00 cash or secured bond in case number DC 2006-1109.

Notice shall issue to State and Hon. Shannon Clark.

DONE THIS THE 16th day of October, 2006.

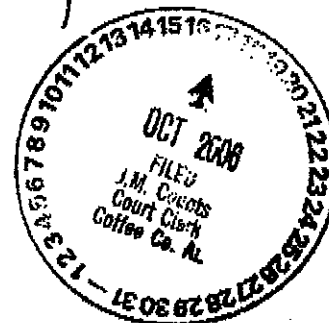

B. PAUL SHERLING
DISTRICT JUDGE

CC: DA
SC.

FORWARDED TO CLERK

OCT 17 2006

DISTRICT COURT JUDGE



COFFEE COUNTY JAIL
Ben Moates, Sheriff
Zack Ennis,
Administrator

Inmate: CYRUS PIERSON
Date: 7-16-05

Visitor # 1
Name: WANDA PIERSON Address: 707 W. ADAMS
Phone #: 393-8089
Relationship to Inmate: MOTHER

Visitor # 2
Name: DENNIS PIERSON Address: 707 W. ADAMS
Phone #: 393-8089
Relationship to Inmate: BROTHER

Visitor # 3
Name: _____ Address: _____
Phone #: _____
Relationship to Inmate: _____

Visitor # 4
Name: _____ Address: _____
Phone #: _____
Relationship to Inmate: _____

Visitor # 5
Name: _____ Address: _____
Phone #: _____
Relationship to Inmate: _____

Visitor Registration

CO on Duty Ronnie Dan Ruth

11

COFFEE COUNTY JAIL

Ben Moates, Sheriff

Zack Ennis,
Administrator

Inmate: CYRUS PIERSON

Date: 02-06-05

Visitor # 1

Name: WANDA PIERSON

Address:

707 W ADAMS
EMPHRIS AL
36330

Phone #: 348-9183

Relationship to Inmate: mother

Visitor # 2

Name: _____

Address: _____

Phone #: _____

Relationship to Inmate: _____

Visitor # 3

Name: _____

Address: _____

Phone #: _____

Relationship to Inmate: _____

Visitor # 4

Name: _____

Address: _____

Phone #: _____

Relationship to Inmate: _____

Visitor # 5

Name: _____

Address: _____

Phone #: _____

Relationship to Inmate: _____

Visitor Registration

CO on Duty M. Tolbert

PRIVACY ACT OF 1974 (P.L. 93-579) REQUIRES THAT FEDERAL, STATE, OR LOCAL AGENCIES INFORM INDIVIDUALS WHOSE SOCIAL SECURITY NUMBER IS REQUESTED WHETHER SUCH DISCLOSURE IS MANDATORY OR VOLUNTARY, BASIS OF AUTHORITY FOR SUCH SOLICITATION, AND USES WHICH WILL BE MADE OF IT

JUVENILE FINGERPRINT SUBMISSION YES <input type="checkbox"/> TREAT AS ADULT YES <input type="checkbox"/>		DATE OF ARREST MM DD YY 1-9-05		ORI CONTRIBUTOR ADDRESS AL0190000 SO NEW BROCKTON, AL REPLY YES <input type="checkbox"/> DESIRED?					
SEND COPY TO (ENTER ORI)		DATE OF OFFENSE MM DD YY 1-9-05		PLACE OF BIRTH (STATE OR COUNTRY) Alabama		COUNTRY OF CITIZENSHIP U.S.			
MISCELLANEOUS NUMBERS		SCARS, MARKS, TATTOOS, AND AMPUTATIONS							
		RESIDENCE/COMPLETE ADDRESS 707 West Adams St.				CITY Enterprise		STATE AL	
OFFICIAL TAKING FINGERPRINTS (NAME OR NUMBER) J. C. ...		LOCAL IDENTIFICATION/REFERENCE				PHOTO AVAILABLE? YES <input checked="" type="checkbox"/>		PALM PRINTS TAKEN? YES <input checked="" type="checkbox"/>	
EMPLOYER IF U.S. GOVERNMENT, INDICATE SPECIFIC AGENCY. IF MILITARY, LIST BRANCH OF SERVICE AND SERIAL NO.					OCCUPATION				
CHARGE/CITATION 1. Theft of property III					DISPOSITION 1.				
2.					2.				
3.					3.				
ADDITIONAL					ADDITIONAL				
ADDITIONAL INFORMATION/BASIS FOR CAUTION					STATE BUREAU STAMP				

STATE USAGE ☐ ☐ ☐
NFF SECOND
SUBMISSION APPROXIMATE CLASS AMPUTATION SCAR

STATE USAGE

LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX

x *Cyrus Pierson*

Pierson Cyrus D.

SIGNATURE OF PERSON FINGERPRINTED

SOCIAL SECURITY NO.

LEAVE BLANK

422-23-0259

ALIASES/MAIDEN

LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX

FBI NO.	STATE IDENTIFICATION NO.	DATE OF BIRTH MM DD YY	SEX	RACE	HEIGHT	WEIGHT	EYES	HAB.
		9-16-86	M	B	5'09"	165	BRO	B/K



1. R. THUMB



2. R. INDEX



3. R. MIDDLE



4. R. RING



5. R. LITTLE



6. L. THUMB



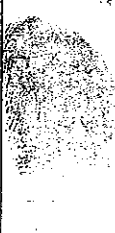
7. L. INDEX



8. L. MIDDLE



9. L. RING



10. L. LITTLE



LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY



L. THUMB



R. THUMB



RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY